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| Fill in this information to identify your case: | | |
|---|--|------------------------------------|
| United States Bankruptcy Court for the: Northern District of: Illinois (State) | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself | | |
|----|---|----------------------------|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | Tina | |
| | | First name | First name |
| | Write the name that is on | R | |
| | your government-issued picture identification (for | Middle name | Middle name |
| | example, your driver's | Booker | |
| | license or passport | Last name | Last name |
| | Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. | All other names you | | |
| | have used in the | First name | First name |
| | last 8 years | | |
| | Include your married or | Middle name | Middle name |
| | maiden names. | Last name | Last name |
| | | First name | First name |
| | | Middle name | Middle name |
| | | Last name | Last name |
| 3. | Only the last 4 digits of your | XXX - XX- 4618 | xxx - xx- |
| | Social Security number or federal | OR | OR |
| | Individual Taxpayer Identification | 9 xx - xx- | 9 xx - xx- |
| | number (ITIN) | | |

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| Debtor 1 I ina | R | Booker | Case number (if know | wn) | |
|---|--|---|----------------------|--|---|
| First Name | Middle Name | Last Name | | | |
| | About Debtor 1: | | About Debto | or 2 (Spouse Onl | y in a Joint Case): |
| 4. Any business na and Employer | I have not used any busine | ess names or EINs. | I have not | used any business nan | nes or EINs. |
| Identification Numbers (EIN) y have used in the | | | Business nar | ne | |
| last 8 years | Business name | | Business nar | ne | |
| Include trade names a doing business as nar | <u> </u> | | EIN | | |
| | EIN | | EIN | | |
| 5. Where you live | | | If Debtor 2 live | es at a different add | ress: |
| | P.O. Box 233 Number Street | | Number | Street | |
| | | | - | | |
| | Blue Island Illinois City State | 60406 Zip Code | — City | State | Zip Code |
| | Cook | · | S.I., | Julio | p |
| | County | | County | | |
| | If your mailing address is diffill it in here. Note that the counthis mailing address. | | | | erent from yours, fill it ny notices to this mailing |
| | Number Street | | Number | Street | |
| | City State | Zip Code | — City | State | Zip Code |
| 6. Why you are | Only Online | Zip code | City | State | Zip Code |
| choosing this | Check one: | | Check one: | | |
| district to file fo bankruptcy | Over the last 180 days be lived in this district longer | fore filing this petition, I have than in any other district. | | ast 180 days before filir s district longer than in | |
| | I have another reason. Ex | plain. (See 28 U.S.C. §§ 1408.) | I have anot | ther reason. Explain. (\$ | See 28 U.S.C. §§ 1408.) |
| | | | - | | |
| | | | - | | |
| | | | - | | |
| | | | _ | | |
| | | | | | |

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| Debtor | | R Middle Name | Booker | | Case number (if know | vn) | |
|--|--|---|---|--|---|--|--|
| Part 2: | First Name Tell the Court Abo | | | | | | |
| 7. The Bai | e chapter of the nkruptcy Code u are choosing to under | Check one. (For a b | rief description of each, see <i>Not</i> ithe top of page 1 and check the a | | - | (b) for Individuals | : Filing for Bankruptcy (Form |
| | w you will pay fee | court for more may pay with on your behalf on your | e entire fee when I file me details about how you re cash, cashier's check, calf, your attorney may pay yethe fee in installments of Pay Your Filing Fee in Installments at my fee be waived (You ge may, but is not require 10% of the official poverty stallments). If you choose ing Fee Waived (Official Form | may pay. To may pay. To money of with a cress. If you chestallments (a may requed to, waiv line that apthis option | Typically, if you order If your a dit card or checoose this option (Official Form 1) test this option e your fee, and oplies to your fan, you must fill | are paying the ttorney is sub- scheduler is sub- scheduler is sub- scheduler is sub- scheduler is sub- and attention in the sub- scheduler is sub- scheduler | the fee yourself, you comitting your payment or printed address. It tach the Application for the filing for Chapter 7. Inly if your income is the your are unable to pay |
| bar | ve you filed for nkruptcy within last 8 years? | No. Yes. District District District | Northern District of Illinois | When When | MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY | Case number Case number Case number | 13-14536 |
| cas bei spo filii you bus | e any bankruptcy ses pending or ng filed by a buse who is not ng this case with u, or by a siness partner, or an affiliate? | ✓ No. Yes. Debtor District Debtor District | | When When | MM / DD / YYYY | Relationship to y Case number, if Relationship to y Case number, if | known |
| | you rent your idence? | ✓ No. | 12. landlord obtained an eviction judg Go to line 12. Fill out <i>Initial Statement About a</i> this bankruptcy petition. | | | | |

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| Debtor 1 Tina | | R | | Booker | Case number (if know | vn) | |
|--|--|--|---|----------------------|---|--------------------------------|-----|
| First Name | _ | | | Last Name | | | |
| Part 3: Report About An | y Bus | siness | es you Own as a s | Sole Proprieto | r | | |
| 12. Are you a sole proprietor of any full- or part-time | | No. Yes. | Go to Part 4. Name and location of b | ousiness | | | |
| business? | | | | | | | |
| A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a | | | Name of business, if a | ny Street | | | |
| corporation, | | | | | | | |
| partnership, or LLC. | | | City | | State | Zip Code | |
| If you have more than one sole proprietorship, use a separate sheet and | | | Check the appropriate Health Care Bu | - | our business: in 11 U.S.C. § 101(27A)) | | |
| attach it to this | | | Single Asset Re | eal Estate (as defin | ed in 11 U.S.C. § 101(51B)) | | |
| petition. | | | Stockbroker (as | defined in 11 U.S.C | C. § 101(53A)) | | |
| | | | Commodity Bro | ker (as defined in 1 | 1 U.S.C. § 101(6)) | | |
| | | | None of the abo | ve | | | |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure | | | | | atement of | |
| For a definition of | ✓ | No. | I am not filing under Ch | hapter 11. | | | |
| small business debtor, see 11 U.S.C. § 101(51D). | | No. | I am filing under Chapt Bankruptcy Code. | ter 11, but I am NO | T a small business debtor ac | cording to the definition in t | he |
| 9 101(510). | | Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | | | |
| Part 4: Report if You Ow | n or | Have A | Any Hazardous Pro | operty or Any | Property That Needs | Immediate Attention | |
| 14. Do you own or have any property that poses or is alleged to pose a threat of | ✓ | No. Yes. | What is the hazard? | | | | |
| imminent and identifiable hazard to public health or | | | If immediate attention is | needed, why is it ne | eeded? | | |
| safety? Or do you | | , | Where is the property? | | | | |
| own any property | | | | Number | Street | | |
| that needs | | | | 1 tarribor | Cuoci | | |
| immediate attention? | | | | | | | |
| For example, do you | | | | City | State | Zip Ci | |
| own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | | City | State | Ζίρ Ο | ode |
| | | | | | | | |

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Debtor 1 Tina R Booker Case number (if known)

First Name Middle Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed about credit this bankruptcy petition, and I received a certificate of this bankruptcy petition, and I received a certificate of counseling. completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, The law requires that that you developed with the agency. that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed counseling before this bankruptcy petition, but I do not have a this bankruptcy petition, but I do not have a you file for certificate of completion. certificate of completion. bankruptcy. You must truthfully check Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment one of the following plan, if any. plan, if any. choices. If you cannot do so, you are I certify that I asked for credit counseling services I certify that I asked for credit counseling services not eligible to file. from an approved agency, but was unable to obtain from an approved agency, but was unable to obtain those services during the 7 days after I made my those services during the 7 days after I made my If you file anyway, request, and exigent circumstances merit a 30-day request, and exigent circumstances merit a 30-day temporary waiver of the requirement. temporary waiver of the requirement. the court can dismiss your case, you will To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, lose whatever filing attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to fee you paid, and obtain the briefing, why you were unable to obtain it before obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances you filed for bankruptcy, and what exigent circumstances your creditors can required you to file this case. required you to file this case. begin collection activities again. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, the payment plan you developed, if any. If you do not do so, your case may be dismissed. your case may be dismissed. Any extension of the 30-day deadline is granted only for Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of realizing or making rational decisions realizing or making rational decisions about finances. Disability. My physical disability causes me to be Disability. My physical disability causes me to be unable to participate in a briefing in unable to participate in a briefing in person, by phone, or through the person, by phone, or through the internet, even after I reasonably tried internet, even after I reasonably tried to do so. to do so. Active duty. Active duty. I am currently on active military duty in I am currently on active military duty in a military combat zone. a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of about credit counseling, you must file a motion for waiver of

credit counseling with the court.

credit counseling with the court.

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| Debtor 1 Tina | R Middle Name | | Case number (if known) | | | |
|---|--|--|---|--|--|--|
| First Name | uestions for Reporting Purpo | Last Name | | | | |
| Part 6: Answer These Quality 16. What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. | | | | | |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | paid that funds will be avai | | y exempt property is excluded and a d creditors? | administrative expenses are | | |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | 50,00 | 1-50,000 1-100,000 than 100,000 | | |
| 19. How much do you estimate your assets to be worth? | ✓ \$0-\$50,000 ☐ \$50,001-\$100,000 ☐ \$100,001-\$500,000 ☐ \$500,001-\$1 million | \$1,000,001-\$1 \$10,000,001-\$ \$50,000,001-\$ \$100,000,001 | \$1,000 S100 million \$10,000 \$10,000 | 000,001-\$1 billion 0,000,001-\$10 billion 00,000,001-\$50 billion than \$50 billion | | |
| 20. How much do you estimate your liabilities to be? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$1 \$10,000,001-\$ \$50,000,001-\$ \$100,000,001-\$ | \$1,000 S100 million \$10,000 | 000,001-\$1 billion 0,000,001-\$10 billion 00,000,001-\$50 billion than \$50 billion | | |
| Part 7: Sign Below For you | I have examined this petition and correct. If I have chosen to file under 11,12, or 13 of title 11, United choose to proceed under Chalf no attorney represents me me fill out this document, I had I request relief in accordance I understand making a false so connection with a bankruptcy years, or both. 18 U.S.C. §§ /s/Tina Booker Signature of Debtor 1 Executed on | Chapter 7, I am aware of States Code. I understanter 7. and I did not pay or agrave obtained and read the with the chapter of title statement, concealing processes can result in fines 152, 1341, 1519, and 35 | that I may proceed, if eligible and the relief available under the eeto pay someone who is reported by 11 U.S. 11, United States Code, sported or operty, or obtaining money to up to \$250,000, or imprison 171. Signature of Debtor 2 Executed on | le, under Chapter 7, er each chapter, and I not an attorney to help S.C. § 342(b). ecified in this petition. or property by fraud in | | |

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| Debtor 1 | Tina | R | Booker | Case number | (if known) |
|--|-------------------|---|---|--|--|
| | First Name | Middle Name | Last Name | | |
| you are by one If you a represe | | eligibility to proceed un the relief available und to the debtor(s) the not | nder Chapter 7, 11, 12, ler each chapter for wh tice required by 11 U.S | or 13 of title 11, Unich the person is .C. § 342(b) and, i | that I have informed the debtor(s) about United States Code, and have explained eligible. I also certify that I have delivered in a case in which § 707(b)(4)(D) applies, nation in the schedules filed with the |
| | o file this page. | /s/ Megan Holmes Signature of Attorney | for Debtor | Date | 10/31/2016 MM / DD / YYYY |
| | | Megan Holmes Printed name Semrad Law Firm Firm name 11101 S. Western Aver | nue | | |
| | | Chicago City | | Illinois State | 60643 Zip Code |
| | | Contact phone | | Email address | mholmes@semradlaw.com |
| | | | | Illin | ois |
| | | Bar number | | Stat | te |

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| Fill in this information to identify your case: | | | | | | | |
|---|------------|-------------|------------------------------|--|--|--|--|
| Debtor 1 | Tina | R | Booker | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing | First Name | Middle Name | Last Name | | | | |
| United States Bankruptcy Court for the: | | Northern | District of Illinois (State) | | | | |
| Case number (If known) | | | (State) | | | | |

| Check if this is ar |
|---------------------|
| amended filing |

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets | |
|--|---|
| | Your assets Value of what you own |
| 1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$19,000.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$19,000.00 |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$48,353.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$1,836.72 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | <u>\$15,723.00</u> |
| Your total liabilities | \$65,912.72 |
| Part 3: Summarize Your Income and Expenses | |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$4,813.77 |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22, Column A, of Schedule J | \$3,713.00 |
| | |

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| Debt | tor 1 Tina | R | Booker | Case number (if known) | |
|---------------|--|---|--|---|------------|
| | First Name | Middle Name | Last Name | | _ |
| Part | 4: Answer These Qu | estions for Administ | rative and Statistical Rec | cords | |
| 6. A ı | re you filing for bankrupto | y under Chapters 7, 11, or | 13? | | |
| | | report on this part of the form | . Check this box and submit this for | form to the court with your other schedules | |
| Ŀ | ✓ Yes. | | | | |
| 7. W | hat kind of debt do you h | nave? | | | |
| Ŀ | - | - | mer debts are those incurred by a out lines 8-10 for statistical purpo | an individual primarily for a personal, oses. 28 U.S.C. § 159. | |
| | Your debts are not print this form to the court with | - | u have nothing to report on this pa | art of the form. Check this box and submit | |
| | | our Current Monthly Inconorm 122B Line 11; OR, Form | ne: Copy your total current month | nly income from Official | \$6,856.96 |
| 9. | Copy the following speci | al categories of claims fro | m Part 4, line 6 of Schedule E/ | F: | |
| | From Part 4 on Schedule | E/F, copy the following: | | Total claim | |
| | 9a. Domestic support oblig | ations (Copy line 6a.) | | \$0.00 | |
| | 9b. Taxes and certain other | debts you owe the governme | ent. (Copy line 6b.) | \$1,836.72 | |
| | 9c. Claims for death or pers | | | | |
| | 9d. Student loans. (Copy lin | ne 6f.) | | \$0.00 | |
| | 9e. Obligations arising out of priority claims. (Copy line 6 | | divorce that you did not report as | \$0.00 | |
| | | fit-sharing plans, and other s | imilar debts. (Copy line 6h.) | \$0.00 | |
| | On Total Add lines On thro | augh Of | | ¢1 926 72 | |

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| Fill in this info | rmation to identify your case | e: | | | | | |
|---------------------------|--|-------------------|---|---|--------|--|--|
| Debtor 1 | Tina | R | | Booker | | | |
| | First Name | Middle Na | ame | Last Name | _ | | |
| Debtor 2 | | | | | _ | | |
| (Spouse, if fili | ^{ng)} First Name | Middle Na | ame | Last Name | | | |
| United States | Bankruptcy Court for the: | Northern | Distr | rict of Illinois | | | |
| 0 | | | | (State) | | | |
| Case number (If known) | | | | | | | |
| Official I | Form 106A/B | | | | | 1 | Check if this is an amended filing |
| 3chedu | le A/B: Prope | erty | | | | | 12 <i>/</i> * |
| 1. Do you ow | scribe Each Residen on or have any legal or eq | | | | | or Have an Interest In | |
| <u> </u> | s. Where is the property? | | | | | | |
| 1.1 <u>Str</u> | eet address, if available, or | other description | Single-fami Duplex or r Condomini | multi-unit building um or cooperative red or mobile home property | apply. | the amount of any secure | Current value of the portion you own? your ownership mple, tenancy by |
| | , | · | one. Debtor 1 or Debtor 2 or Debtor 1 ar At least one | nly nd Debtor 2 only e of the debtors and anot | her | Check if this is cor (see instructions) | mmunity property |

Debtor 2 only
Debtor 1 and Debtor 2 only
At least one of the debtors and another

Who has an interest in the property? Check

Other information you wish to add about this item, such as local

What is the property? Check all that apply.

Duplex or multi-unit building

Condominium or cooperative

Manufactured or mobile home

Single-family home

Investment property

Land

Timeshare

Debtor 1 only

1.2

Number

City

Street address, if available, or other description

Zip Code

Street

State

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D*:

Creditors Who Have Claims Secured by Property.

Describe the nature of your ownership

interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property

Current value of the

portion you own?

Current value of the

(see instructions)

entire property?

property identification number:

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| Debtor | 1 Tina First Name | R Middle Name | Booker Last Name | Case number | (if known) | |
|---------------------|-----------------------------------|---|--|----------------|---|---------------------------------------|
| | FIRST Name | Middle Name | | nh. | Do not doduct accured a | oimo or overnatione. Dut |
| 1.3 | | | What is the property? Check all that app | ріу. | Do not deduct secured cl the amount of any secure | • |
| | treet address, if available, or o | ther description | Single-family home | | | ims Secured by Property. |
| | | | Duplex or multi-unit building | | Command orally a of the | Ourment value of the |
| _ | | | Condominium or cooperative | | Current value of the entire property? | Current value of the portion you own? |
| | | | Manufactured or mobile home | | chare property. | portion you own: |
| _ | lumber Street | | Land | | | |
| • | Gurani. | | Investment property | | Describe the nature of | • |
| _ | ity State | Zip Code | Timeshare | | interest (such as fee sin the entireties, or a life of | |
| | oity State | Zip Code | Other | | —————————————————————————————————————— | |
| | | | Who has an interest in the property? | Check one. | Check if this is cor | nmunity property |
| | | | Debtor 1 only | | (see instructions) | |
| | | | Debtor 2 only | | ш | |
| | | | = ' | | | |
| | | | Debtor 1 and Debtor 2 only | | | |
| | | | At least one of the debtors and another | r | | |
| | | | Other information you wish to add about property identification number: | out this item, | such as local | |
| you owr 3. Cars, | | equitable interestou lease a vehicle, a | t in any vehicles, whether they are regis also report it on Schedule G: Executory Con cycles | | | |
| | 1 Make | | Who has an interest in the proper | tu2 Chack | Do not deduct secured cl | aims or exemptions. But |
| J. | Model: | | one. | ty: Oneck | the amount of any secure | • |
| | Year: | - | Debtor 1 only | | | ims Secured by Property. |
| | Approximate mileage: | | Debtor 2 only | | Current value of the | Current value of the |
| | Other information: | | Debtor 1 and Debtor 2 only | | entire property? | portion you own? |
| | 2013 Ford Escape | | At least one of the debtors and and | other | \$15700.00 | \$15700.00 |
| | | | | | | |
| | | | Check if this is community pro instructions) | perty (see | | |
| 3. | 2 Make | Nissan | Who has an interest in the proper | ty? Check | Do not deduct secured cl | aims or exemptions. Put |
| | Model: | Pathfinder | one. | | the amount of any secure | |
| | Year: | 2012 | Debtor 1 only | | Creditors Who Have Cla | ims Secured by Property. |
| | Approximate mileage: | 40000 | Debtor 2 only | | Current value of the | Current value of the |
| | Other information: | | Debtor 1 and Debtor 2 only | | entire property? | portion you own? |
| | 2012 Nissan Pathfinder | | At least one of the debtors and an | other | \$19000.00 | \$19000.00 |
| | | | Check if this is community pro | perty (see | | |
| | | | instructions) | ,, (000 | | |

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| ebtor 1 | Tina First Name | R Middle Name | Booker Last Name | Case number | (if known) | |
|---------|---|------------------|---|-----------------------|---|--|
| 3.3 | Make Model: Year: Approximate mileage: Other information: | | Who has an interest in the pone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a Check if this is communinstructions) | and another | the amount of any secure | claims or exemptions. Put ed claims on Schedule D: eaims Secured by Property. Current value of the portion you own? |
| 3.4 | Make Model: Year: Approximate mileage: Other information: | | Who has an interest in the pone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a Check if this is communinstructions) | and another | the amount of any secure | claims or exemptions. Put ed claims on Schedule D: eaims Secured by Property. Current value of the portion you own? |
| | | • | recreational vehicles, other verifishing vessels, snowmobiles, median with the period one. | otorcycle accessories | Do not deduct secured of the amount of any secure | claims or exemptions. Put ed claims on Schedule D: aims Secured by Property. |
| | Approximate mileage: Other information: | | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a Check if this is communinstructions) | and another | Current value of the entire property? | Current value of the portion you own? |
| 4.2 | Make Model: Year: Approximate mileage: Other information: | | who has an interest in the pone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a | , | the amount of any secure | claims or exemptions. Put ed claims on Schedule D: aims Secured by Property. Current value of the portion you own? |
| | | | | | | |

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| D | ebtor 1 | Tina | R | Booker | Case number (if known) | |
|--------------|----------------------------|------------------------------|--|--|-------------------------------|--|
| | | First Name | Middle Name | Last Name | | |
| Pa | art 3: | Describe ` | our Personal and House | ehold Items | | |
| D | o you | own or h | ave any legal or equitabl | e interest in any of the fo | llowing items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6 | 6. Hous | ehold goods | s and furnishings | | | |
| | Examp | les: Major app | oliances, furniture, linens, china, k | itchenware | | |
| | No | | | | | |
| ✓ | Yes. D | escribe | Misc. Used Furniture and House | ehold Goods | | \$800.00 |
| | 7. Electi Exampl | | s and radios; audio, video, stereo | , and digital equipment; computers | , printers, scanners; music | |
| ~ | No | | | | | |
| П | Yes. D | escribe | | | | |
| | • | | | | | |
| | | • | and figurines; paintings, prints, or | other artwork; books, pictures, or other collections, memorabilia, colle | • | |
| ✓ | No | | | | | |
| | Yes. D | escribe | | | | |
| | | | | | | |
| | | les: Sports, pl | orts and hobbies notographic, exercise, and other h ks; carpentry tools; musical instrun | obby equipment; bicycles, pool tabl | les, golf clubs, skis; canoes | |
| ✓ | No | | | | | |
| | Yes. D | escribe | | | | |
| | | | | | | |
| | | | les, shotguns, ammunition, and re | elated equipment | | |
| \mathbf{r} | | | | | | |
| Ш | Yes. D | escribe | | | | |
| | 11. Clot Exampl | | clothes, furs, leather coats, desig | ner wear, shoes, accessories | | |
| | No | | | | | |
| ✓ | Yes. D | escribe | Misc. Used Clothing and Shoes | | | \$500.00 |
| | I 2. Jewe Exampl | • | | nent rings, wedding rings, heirloom | n jewelry, watches, gems, | |
| 片 | | escribe | Misc. Used Jewelry | | | 1 |
| | 103. L | ,03011DE | IVII30. USEU JEWEII y | | | \$100.00 |
| | | -farm anima les: Dogs, ca | ls s, birds, horses | | | _ |
| ✓ | No | | | | | |
| | Yes. D | escribe | | | | |
| 1 | 4. Any | other perso | lal and household items you d | id not already list, including any | health aids you did not list | |
| ✓ | No | | | | | |
| | | escribe | | | |] |
| | | Alaa ale U | han af all af construction for the | Dant O in abroding a consequence | | |
| | | | | Part 3, including any entries for | | \$1400.00 |

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| Den | Tiret Name | Middle Name | Last Name | Case number (ii known) | |
|------|--|---|--|----------------------------------|--|
| Dort | First Name | | Last Name | | |
| Part | | Financial Assets any legal or equitable int | erest in any of the follow | ing? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ✓ No | re in your wallet, in your home, in a | safe deposit box, and on hand whe | n you file your petition Cash: | |
| 17. | Examples: Checking, sa | | c; certificates of deposit; shares in counts with the same institution, list | credit unions, brokerage houses, | |
| | | 17.1. Checking account: 17.2. Checking account: | Bank of America | | \$-1000.00 |
| | | 17.3. Savings account: | Bank of America | | \$10.00 |
| | | 17.4. Savings account: | | | |
| | | 17.5. Certificates of deposit: | | | |
| | | 17.6. Other financial account: | | | |
| | | 17.7. Other financial account: | | | |
| | | 17.8. Other financial account: | | | |
| | | 17.9. Other financial account: | | | |
| 18. | | or publicly traded stocks nvestment accounts with brokerag | e firms, money market accounts | | |
| | ✓ No ☐ Yes | Institution or issuer name: | | | |
| | | | | | |
| 19. | Non-publicly traded s an LLC, partnership, | and joint venture | ated and unincorporated busine | | |
| | Yes. Give specific information about them | Name of entity | | % of ownership: | |
| | | | | | |
| | | | | | |

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| Deb | tor 1 I ina | | R | Booker | Case number (if known) | |
|-----|----------------------------------|----------------|---------------------------------|--|---------------------------------------|-----------|
| 20. | First Name Government | and corno | Middle Name | Last Name otiable and non-negotiable i | nstruments | |
| 20. | Negotiable inst | truments inc | clude personal checks, cashie | ers' checks, promissory notes, a | and money orders. | |
| | Non-negotiable | e instrumeni | ts are those you cannot trans | fer to someone by signing or de | elivering them. | |
| | Yes. Give | specific | | | | |
| | informatior them | | ssuer name: | | | |
| | uleili | - | | | | |
| | | - | | | | |
| | | - | | | | |
| 21. | | | | (b), thrift savings accounts, or | other pension or profit-sharing plans | |
| | ☐ No | | | | | |
| | Yes. List e | acn | Type of account: | Institution name: | | \$5000.00 |
| | account separately | | 401(k) or similar plan: | Employer-administered pe | ension | |
| | | | Pension plan: | | | |
| | | | RA: | - | | |
| | | | Retirement account: | | | |
| | | | Keogh: | | | |
| | | | Additional account: | | | |
| 00 | 0 1 1 | | Additional account: | | | |
| 22. | Security depo Your share of a | ll unused de | posits you have made so that | you may continue service or us | se from a company | |
| | Examples: Agr companies, or | | ith landlords, prepaid rent, pu | blic utilities (electric, gas, wate | r), telecommunications | |
| | ✓ No | | | Institution name: | | |
| | Yes | E | Electric: | | | |
| | | (| Gas: | | | |
| | | ŀ | Heating oil: | | | |
| | | 9 | Security deposit on rental unit | | | |
| | | ſ | Prepaid rent: | | | |
| | | - | Telephone: | | | |
| | | ١ | Nater: | | | |
| | | i | Rented furniture: | | | |
| | | (| Other: | | | |
| 23. | | contract for a | a periodic payment of money | to you, either for life or for a nur | mber of years) | |
| | ✓ No | ı | ssuer name and description: | | | |
| | Yes | | <u> </u> | | | |
| | | - | | | | |
| | | - | | | | |
| | | _ | | | | |

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| Debte | or 1 <u>Tina</u> First Name | R Mi | iddle Name | Booker Last Name | Case number (if known) | |
|-------|--|--|--------------------|-------------------------------------|--|---|
| 24. | Interests in a | n education IRA, in an | account in a qu | | nder a qualified state tuition program | • |
| | _ | 530(b)(1), 529A(b), and 5 | 29(b)(1). | | | |
| | ✓ No Yes | Institution name and des | cription. Separate | ely file the records of any interes | sts.11 U.S.C. § 521(c): | |
| | | | | | | |
| | | | | | | |
| 25. | | able or future interests or your benefit | in property (oth | her than anything listed in lir | ne 1), and rights or powers | |
| | ✓ No | | | | | _ |
| | Yes. Desc | ribe | | | | |
| 26. | Patents, copy | /rights, trademarks, tra | de secrets, and | l other intellectual property | | |
| | Examples: Inte | rnet domain names, web | sites, proceeds fr | rom royalties and licensing agre | ements | |
| | ✓ No Yes. Desc | cribe | | | | 7 |
| | 100. 2000 | | | | | |
| 27. | | nchises, and other gene | | | | |
| | _ | ding permits, exclusive li | censes, coopera | itive association holdings, liquo | or licenses, professional licenses | |
| | ✓ No Yes. Desc | cribe | | | | 7 |
| | | | | | | |
| Mon | iey or prope | erty owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds ov | wed to you | | | | olding of exemptions. |
| | | wea to you | | | | |
| | ✓ No | wed to you | | | | |
| | Yes. Give s | specific information | | | Federal: | \$0.00 |
| | Yes. Give s about you a | specific information It them, including whether including the returns | | | Federal: State: | \$0.00 \$0.00 |
| | Yes. Give s about you a and th | specific information t them, including whether already filed the returns he tax years | | | | · |
| | Yes. Give s about you a and the | specific information t them, including whether already filed the returns he tax years | | t, child support, maintenance, d | State: | \$0.00 |
| | Yes. Give s about you a and the | specific information t them, including whether already filed the returns he tax years | | t, child support, maintenance, d | State: Local: ivorce settlement, property settlement | \$0.00 \$0.00 |
| | Yes. Give s about you a and the Family suppor Examples: Past | specific information t them, including whether already filed the returns he tax years | | t, child support, maintenance, d | State: Local: | \$0.00 \$0.00 \$0.00 |
| | Yes. Give s about you a and the Family suppor Examples: Past | specific information t them, including whether already filed the returns he tax years rt t due or lump sum alimony | | t, child support, maintenance, d | State: Local: ivorce settlement, property settlement | \$0.00 \$0.00 |
| | Yes. Give s about you a and the Family suppor Examples: Past | specific information t them, including whether already filed the returns he tax years rt t due or lump sum alimony | | t, child support, maintenance, d | State: Local: ivorce settlement, property settlement Alimony: | \$0.00 \$0.00 \$0.00 |
| | Yes. Give s about you a and the Family suppor Examples: Past | specific information t them, including whether already filed the returns he tax years rt t due or lump sum alimony | | rt, child support, maintenance, d | State: Local: livorce settlement, property settlement Alimony: Maintenance: | \$0.00 \$0.00 \$0.00 \$0.00 |
| | Yes. Give s about you a and the support of the supp | specific information t them, including whether already filed the returns he tax years rt t due or lump sum alimony specific information | | rt, child support, maintenance, d | State: Local: livorce settlement, property settlement Alimony: Maintenance: Support: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 30. | Yes. Give s about you a and the Family suppor Examples: Past No Yes. Give s | specific information t them, including whether already filed the returns he tax years rt t due or lump sum alimony specific information s someone owes you aid wages, disability insur | y, spousal suppor | disability benefits, sick pay, vac | State: Local: livorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 30. | Yes. Give s about you a and the second of th | specific information t them, including whether already filed the returns he tax years rt t due or lump sum alimony specific information | y, spousal suppor | disability benefits, sick pay, vac | State: Local: livorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 30. | Yes. Give s about you a and the support of the supp | specific information t them, including whether already filed the returns he tax years rt t due or lump sum alimony specific information s someone owes you aid wages, disability insur ial Security benefits; unpa | y, spousal suppor | disability benefits, sick pay, vac | State: Local: livorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 30. | Yes. Give s about you a and the second of th | specific information t them, including whether already filed the returns he tax years rt t due or lump sum alimony specific information s someone owes you aid wages, disability insur ial Security benefits; unpa | y, spousal suppor | disability benefits, sick pay, vac | State: Local: livorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Deb | tor 1 | Tina | R | Booker | Case number (if known) | |
|------|----------|--|------------------------------|--|---|--|
| | | First Name | Middle Name | Last Name | | |
| 31. | | erests in insurance po amples: Health, disability | | h savings account (HSA); credit, ho | meowner's, or renter's insurance | |
| | _ | No Yes. Name the insuran of each policy and list i | ice company | Company name: | Beneficiary: | Surrender or refund value: |
| 32. | If y | pperty because someone | f a living trust, expect pro | omeone who has died oceeds from a life insurance policy, o | r are currently entitled to receive | |
| 33. | | aims against third part | | u have filed a lawsuit or made a once claims, or rights to sue | lemand for payment | |
| 34. | | set off claims | nliquidated claims of e | very nature, including countercl | aims of the debtor and rights | |
| 35. | An | y financial assets you No | did not already list | | | |
| | | Yes. Describe | | | | |
| 36. | | | | Part 4, including any entries for | | \$4010.00 |
| Part | 5: | Describe Any Bu | siness-Related Pr | operty You Own or Have a | n Interest In. List any real estate | e in Part 1. |
| 37. | Do | you own or have any | legal or equitable inte | rest in any business-related prop | erty? | |
| | ∠ | No. Go to Part 6. Yes. Go to line 38. | | | | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38. | Ac | counts receivable or c | ommissions you alrea | dy earned | | |
| | | Yes. Describe | | | | |
| 39. | Ex | • | | nodems, printers, copiers, fax mach | ines, rugs, telephones, desks, chairs, electr | ronic devices |
| | Ľ □ | No Yes. Describe | | | | |

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| Deb | tor 1 Tina First Name | R Middle Name | Booker | Case number (if known) | |
|-------|---------------------------------------|---|--|-------------------------------------|---------------------------------------|
| 40. | | Middle Name quipment, supplies you use i | Last Name n business, and tools of vo | our trade | |
| -+0. | _ | yaipinoni, supplies you use l | Jaoineos, and tools of ye | | |
| | ✓ No Yes. Describe | | | | |
| | res. Describe | | | | |
| | | | | | |
| 41. | Inventory | | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| 42. | Interests in partnersh | nips or joint ventures | | | |
| | ✓ No | | | | |
| | Yes. Give specific | Nam | ne of entity: | % of ownership: | |
| | information about | | | | |
| | them | | | | |
| | | | | | |
| 43 (| Customer lists, mailing | lists, or other compilations | | | |
| .0. | No | , note, et eure, eempranerie | | | |
| | _ | nclude personally identifiable inf | ormation (as defined in 11 LL | S C & 101(41A)\2 | |
| | res. Do your lists if | icidde personally identiliable ini | omation (as delined in 11 O. | 3.0. § 101(41A)): | |
| | ☐ No | | | | |
| | Yes. Desc | cribe | | | |
| 44. | Any business-related | property you did not already | list | | |
| | ✓ No | | | | |
| | Yes. Give specific | | | | |
| | information | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | all of your entries from Part 5 r here | | | |
| 101 1 | | | | | |
| Part | | Farm- and Commercial in interest in farmland, list it in Pa | | erty You Own or Have an Interest Ir | 1. |
| 46. | Do you own or have a | any legal or equitable interest | in any farm- or commercia | al fishing-related property? | |
| | No. Go to Part 7. | | | | Current value of the portion you own? |
| | Yes. Go to line 47. | | | | Do not deduct secured |
| | | | | | claims |
| 47 | Form onimals | | | | or exemptions |
| 47. | Farm animals Examples: Livestock, po | oultry, farm-raised fish | | | |
| | | • | | | |
| | ✓ No Yes. Describe | | | | |
| | Les. Describe | | | | |
| | | | | <u></u> | |

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| | tor 1 Tina First Name | R Middle Name | Booker Last Name | Case number (if known) | | | | | | | |
|---|--|---|---|------------------------------|--------------|--|--|--|--|--|--|
| 48. | Crops-either growing o | | Last Name | | | | | | | | |
| 10. | _ | · Hai vootou | | | | | | | | | |
| | ✓ No Yes. Describe | | | | | | | | | | |
| | Tes. Describe | | | | | | | | | | |
| | | | | | | | | | | | |
| 49. | Farm and fishing equip | ment, implements, machine | ry, fixtures, and tools of trade | 9 | | | | | | | |
| | ✓ No | | | | | | | | | | |
| | Yes. Describe | | | | | | | | | | |
| | | | | | | | | | | | |
| 50. | Farm and fishing suppli | es, chemicals, and feed | | | | | | | | | |
| | ✓ No | | | | | | | | | | |
| | Yes. Describe | | | | | | | | | | |
| | | | | | | | | | | | |
| 51. | Any farm- and commerc | ial fishing-related property | ou did not already list | | | | | | | | |
| 01. | _ | nar norming related property | you ala not uncaay not | | | | | | | | |
| | ✓ No Yes. Describe | | | | | | | | | | |
| | Tes. Describe | | | | | | | | | | |
| | | | | Ţ | | | | | | | |
| | | | ncluding any entries for page | | | | | | | | |
| for Pa | art 6. Write that number h | ere | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Part | | | an Interest in That You | Did Not List Above | | | | | | | |
| 53. | Do you have other prope Examples: Season tickets, | erty of any kind you did not country club membership | already list? | | | | | | | | |
| | ✓ No | | | | | | | | | | |
| | Yes. Give specific | | | | | | | | | | |
| | information | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 54. A | dd the dollar value of all | of your entries from Part 7. \ | Write that number here | > | | | | | | | |
| | | | 54. Add the dollar value of all of your entries from Part 7. Write that number here | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Part | 8: List the Totals o | f Each Part of this For | m | | | | | | | | |
| | | | | | | | | | | | |
| | | | m | > | | | | | | | |
| 55. P | Part 1: Total real estate, li | ne 2 | | > | | | | | | | |
| 55. P | Part 1: Total real estate, lines | ne 2 | \$34700.00 | > | | | | | | | |
| 55. P 56. p 57. P | Part 1: Total real estate, line start 2 total vehicles, line start 3: Total personal and | ne 25 household items, line 15 | | > | | | | | | | |
| 55. P 56. p 57. P 58. P | Part 1: Total real estate, line start 2 total vehicles, line start 3: Total personal and art 4: Total financial asse | ne 25 household items, line 15 ets, line 36 | \$34700.00 | > | | | | | | | |
| 55. P 56. p 57. P 58. P | Part 1: Total real estate, line start 2 total vehicles, line start 3: Total personal and | ne 25 household items, line 15 ets, line 36 | \$34700.00 \$1400.00 | > | | | | | | | |
| 55. P 56. p 57.P 58.P 59. P | Part 1: Total real estate, line spart 2 total vehicles, line spart 3: Total personal and art 4: Total financial asse | ne 25 household items, line 15 ets, line 36 | \$34700.00 \$1400.00 \$4010.00 | > | | | | | | | |
| 55. P 56. p 57.P 58.P 59. P 60. P | Part 1: Total real estate, line spart 2 total vehicles, line spart 3: Total personal and art 4: Total financial asse | ne 25 household items, line 15 ets, line 36 ated property, line 45 ching-related property, line 5 | \$34700.00 \$1400.00 \$4010.00 | > | | | | | | | |
| 55. P 56. p 57.P 58.P 59. P 60. P | Part 1: Total real estate, line start 2 total vehicles, line start 3: Total personal and art 4: Total financial assert 5: Total business-releant 6: Total farm- and fis Part 7: Total other proper | ne 2 | \$34700.00 \$1400.00 \$4010.00 | > | | | | | | | |
| 55. P 56. p 57.P 58.P 59. P 60. P | Part 1: Total real estate, line start 2 total vehicles, line start 3: Total personal and art 4: Total financial assert 5: Total business-releant 6: Total farm- and fis Part 7: Total other proper | ne 25 household items, line 15 ets, line 36 ated property, line 45 ching-related property, line 5 | \$34700.00 \$1400.00 \$4010.00 | Copy personal property total | + \$40110.00 | | | | | | |
| 55. P 56. p 57.P 58.P 59. P 60. P | Part 1: Total real estate, line start 2 total vehicles, line start 3: Total personal and art 4: Total financial assert 5: Total business-releant 6: Total farm- and fis Part 7: Total other proper | ne 2 | \$34700.00 \$1400.00 \$4010.00 | | + \$40110.00 | | | | | | |

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| Fill in this information to identify your case: | | | | | | |
|---|---------------------------|-------------|----------------------|--|--|--|
| Debtor 1 | Tina | R | Booker | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if filin | g) First Name | Middle Name | Last Name | | | |
| United States I | Bankruptcy Court for the: | Northern | District of Illinois | | | |
| (State) | | | | | | |
| Case number (If known) | | | | | | |

Official Form 106C

Check if this is an amended filing

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Par | Part 1: Identify the Property You Claim as Exempt | | | | | | | |
|-----|---|---|---|------------------------------------|--|--|--|--|
| 1. | . Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you. | | | | | | | |
| | ✓ You are claiming state and federal nonb | ankruptcy exemptions. | 11 U.S.C. § 522(b)(3) | | | | | |
| | You are claiming federal exemptions. 1 | 1 U.S.C. § 522(b)(2) | | | | | | |
| 2. | For any property you list on Schedule A | /B that you claim as e | xempt, fill in the information below. | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption | | | | |
| | Brief description: Employer-administered pension Line from Schedule A/B: 21 | \$0.00 | \$0 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1006 | | | | |
| | Brief | | | 735 ILCS 5/12-1001(b) | | | | |
| | description: | \$0.00 | ✓ | | | | | |
| | Bank of America Line from Schedule A/B: 17 | | 100% of fair market value, up to any applicable statutory limit | _ | | | | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No Yes. Did you acquire the property covery No Yes | / 3 years after that for ca | | | | | | |

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| ebtor 1 | Tina | R | Book | | nber (if known) | |
|--------------|---|--------------------|----------------|---|-----------------|------------------------------------|
| | First Name | Middle Name | Last N | ame | | |
| art 2: | Additional Page | | | | | |
| line | f description of the prope on Schedule A/B that lists perty | this the po own | rtion you Cl | mount of the exemption you cl | | Specific laws that allow exemption |
| Brief | ription: | 9 | 60.00 | ה | | 735 ILCS 5/12-1001(b) |
| | Bank of America | | | \$0 | | |
| Line | - | | | 100% of fair market value, up to applicable statutory limit | any | |
| Brief | i i | | | | | 735 ILCS 5/12-1001(a) |
| | ription: | | 60.00 ✓ | §0 | | |
| | Misc. Used Clothing and Shoes | | | 100% of fair market value, up to | any | |
| Line Sche | from edule A/B: 11 | | | applicable statutory limit | | |
| Brief | | • | SO.00 ~ | a | | 735 ILCS 5/12-1001(b) |
| | ription: Misc. Used Furniture | | <u> </u> | \$0 | | |
| | and Household Goods | | | 100% of fair market value, up to | any | |
| Line Sche | from edule A/B: 06 | | | applicable statutory limit | | |
| Brief | | | 20.00 | = | | 735 ILCS 5/12-1001(b) |
| | cription: | 3 | <u>√</u> | \$0 | | |
| Line | from edule A/B: 12 | | | 100% of fair market value, up to applicable statutory limit | any | |
| Brief | | | | | | 735 ILCS 5/12-1001(b) |
| | ription: | \$19 | ,000.00 | \$0 | | |
| | Nissan Pathfinder, 2012, 2012 Nissan Pathfinder | | | 100% of fair market value, up to applicable statutory limit | any | |
| Line Sche | from edule A/B:03 | | | applicable diatatory milit | | |

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| Fill in | this informatio | n to identify your case: | | | | | |
|---------|--------------------------------------|-------------------------------------|------------------------------|--|-----------------------------------|-----------------------|---------------------------------------|
| Daha | 4 Ti | _ | D | Darling | | | |
| Debto | | na st Name | R Middle Name | Booker Last Name | | | |
| Debto | | 3t Name | Middle Harrie | Lastivanio | | | |
| | use, if filing) Fir | st Name | Middle Name | Last Name | | | |
| Unite | d States Bankr | ruptcy Court for the: | Northern | District of Illinois | | | |
| | number | | | (State) | | | |
| (If kno | own) | | | | | _ | |
| Off | icial Fo | rm 106D | | | | | Check if this is ar amended filing |
| | | | ors Who Ha | ve Claims Secur | ed by Pro | | 12/1: |
| | | | | | | <u> </u> | |
| | | | | are filing together, both are equal e entries, and attach it to this form | | | |
| • | ase number (i | • • | igo, im it oat, nambor tr | | On the top of any | additional pages, min | o your name |
| 1. I | Do anv credito | ors have claims secu | red by your property? | | | | |
| i | | | | ur other schedules. You have nothing | else to report on this f | orm. | |
| i | | all of the information b | • | , | | | |
| | | | | | | | |
| Part ' | " | Secured Claims | | and all all and the second sec | 0.1 | 0.1 | 0.1. |
| 2. | | | | ed claim, list the creditor separately, list the other creditors in Part 2. As | Column A | Column B | Column C |
| | | | alphabetical order accordin | | Amount of claim Do not deduct the | Value of collateral | Unsecured portion |
| | | , | , | | value of collateral. | that supports | If any |
| | | | | | | this claim | , |
| 2.1 | FORD MOTO | | Describe the property | that secures the claim: | \$25,028.00 | \$15,700.00 | \$9,328.00 |
| | PO BOX BOX | | 2013 Ford Escape | | | | |
| | Number | Street | | the claim is: Check all that apply. | | | |
| | | | Contingent | | | | |
| | | lebraska 68154 | Unliquidated | | | | |
| | , | State ZIP Code he debt? Check one. | Disputed | | | | |
| | Debtor 1 | | Nature of lien. Check a | ll that apply. | | | |
| | Debtor 2 | • | An agreement you n car loan) | nade (such as mortgage or secured | | | |
| | | and Debtor 2 only | Statutory lien (such | as tax lien, mechanic's lien) | | | |
| | another | ne of the debtors and | Judgment lien from | a lawsuit | | | |
| | | this claim relates | Other (including a rig | ght to offset) | | | |
| | to a com Date debt wa incurred | nmunity debt as <u>5/1/2015</u> | Last 4 digits of accour | nt number 2007 | | | |
| 2.2 | TIDEWATER | MOTOR CREDIT | Describe the property | that secures the claim: | \$23,325.00 | \$19,000.00 | \$4,325.00 |
| | Creditor's Nam 6520 INDIAN | | 2012 Nissan Pathfinder | | | | |
| | Number | Street | | the claim is: Check all that apply. | | | |
| | - | | Contingent | | | | |
| | VIRGINIA | /irainia 22.46.4 | Unliquidated | | | | |
| | | /irginia 23464 State ZIP Code | Disputed | | | | |
| | | he debt? Check one. | Nature of lien. Check a | ll that apply. | | | |
| | ✓ Debtor 1 | , | | nade (such as mortgage or secured | | | |
| | Debtor 2 | • | car loan) | as tay lian machaniala lian) | | | |
| | | and Debtor 2 only | | as tax lien, mechanic's lien) | | | |
| | At least o another | ne of the debtors and | Judgment lien from | | | | |
| | Check if | this claim relates | Other (including a rig | , | | | |
| | to a com Date debt wa incurred | nmunity debt as <u>11/1/2013</u> | Last 4 digits of accour | nt number2756 | | | |
| | | I the dollar value of y | our entries in Column A | A on this page. Write that | \$48,353.00 | | |
| | | shor horos | | | | | |

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| | | | _ | | | |
|--|---|--|--|---|--|---|
| nation to identify your case | : | | | | | |
| Tina | R | Booker | | | | |
| First Name | Middle Name | Last Name | | | | |
| a) First Name | Middle Name | Last Name | | | | |
| | | | | | | |
| Bankruptcy Court for the: | Northern | _ | | | | |
| | | (Citato) | | | | |
| | | | | | -1 -26 (b.) - 1 | |
| orm 106E/F | | | | Che | ck if this is ar | amended filin |
| ule E/F: Cre | ditors Who | Have Unsecure | d Claims | | | 12/1 |
| A Schedule G: Executory In Schedule D: Creditors In Schedule D: Credito | Contracts and Unexpire Who Hold Claims Secure Continuation Page to Y Unsecured Claim secured claims against y claims. If a creditor has many phabetical order according than one creditor holds a | ad Leases (Official Form 106G). Do red by Property. If more space is this page. On the top of any adds. Source than one priority unsecured clair and nonpriority amounts, list that clair to the creditor's name. If you have reparticular claim, list the other creditor | not include any cr needed, copy the P itional pages, write n, list the creditor sep in here and show bot nore than two priority is in Part 3. | editors with art you need your name parately for ea th priority and | partially sec d, fill it out, n and case nu ach claim. For nonpriority ar | ured claims umber the umber (if |
| planation of each type of cl | aim, see the instructions fo | or this form in the instruction booklet.) | | Total | Priority | Nonpriority amount |
| Creditor's Name '346 Street | Wh | en was the debt incurred? | n/a heck all that apply. | \$1,836.72 | \$1,836.72 | \$0.00 |
| State | Zip Code ne. | Unliquidated Disputed te of PRIORITY unsecured claim: Domestic support obligations | re the government | | | |
| | Tina First Name ankruptcy Court for the: Orm 106E/F IIE E/F: Crec and accurate as possib ceutory contracts or uner Schedule G: Executory and Schedule D: Creditors oxes on the left. Attach to All of Your PRIORIT editors have priority unsecured tify what type of claim it is. oxisoble, list the claims in all on Page of Part 1. If more planation of each type of claim creditor's Name 346 Street Pennsylvania State surred the debt? Check of or 1 only | First Name Middle Name Middle Name Ankruptcy Court for the: Northern Orm 106E/F Ile E/F: Creditors Who Pand accurate as possible. Use Part 1 for creditor accutory contracts or unexpired leases that could schedule G: Executory Contracts and Unexpired and Schedule D: Creditors Who Hold Claims Secutory access on the left. Attach the Continuation Page to editors have priority unsecured claims against y so to Part 2. Nour priority unsecured claims. If a creditor has mostify what type of claim it is. If a claim has both priority cossible, list the claims in alphabetical order according on Page of Part 1. If more than one creditor holds a planation of each type of claim, see the instructions for the company of the c | Tina R Booker First Name Middle Name Last Name All First Name Middle Name Last Name District of Illinois (State) Orm 106E/F Alle E/F: Creditors Who Have Unsecure and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Partecutory contracts or unexpired leases that could result in a claim. Also list executo Schedule 6: Executory Contracts and Unexpired Leases (Official Form 106G). Do Schedule D: Creditors Who Hold Claims Secured by Property. If more space is to executory contracts on the left. Attach the Continuation Page to this page. On the top of any add all of Your PRIORITY Unsecured Claims editors have priority unsecured claims against you? To to Part 2. Your priority unsecured claims. If a creditor has more than one priority unsecured claim tiffy what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim sossible, list the claims in alphabetical order according to the creditor's name. If you have no Page of Part 1. If more than one creditor holds a particular claim, list the other creditor planation of each type of claim, see the instructions for this form in the instruction booklet.) Treditor's Name As of the date you file, the claim is: C Contingent When was the debt incurred? As of the date you file, the claim is: C Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: | Tina R Booker First Name Middle Name Last Name DiFirst Name Middle Name Last Name DiFirst Name Middle Name Last Name District of Illinois (State) OFFICE Creditors Who Have Unsecured Claims and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with PRIORITY Contracts and Unexpired Leases (Official Form 106G). Do not include any or a Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Poxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write All of Your PRIORITY Unsecured Claims Beditors have priority unsecured claims against you? Beditors have priority unsecured claims against you? Beditors have priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor septify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show bot ossible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority on Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. Freditor's Name As of the date you file, the claim is: Check all that apply. Contingent When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Type of PRIORITY unsecured claim: | Tina R Booker First Name Middle Name Last Name District Name Last Name ankruptcy Court for the: Morthern District of Illinois (State) Orm 106E/F Ille E/F: Creditors Who Have Unsecured Claims and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIOR coutory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/S. Schedule 6 /S. Executory Contracts and Unexpired Leases (Official Form 1066, Do not include any creditors with a Schedule D. Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need oxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name All of Your PRIORITY Unsecured Claims editors have priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for early that type of claim it is. If a claim has both priority and conspicity amounts, list that claim here and show both priority and sossible, list the claims in alphabetical order according to the creditors ame. If you have more than two priority unsecured con Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. planation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Type of PRIORITY unsecured claim: | Tina R Booker First Name Middle Name Last Name District of Illinois (State) Orm 106E/F Ille E/F: Creditors Who Have Unsecured Claims and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. Secured by Property (Of Schedule G: Executory Contracts on Coschedule A/B: Property (Of Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially see no schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, no oxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case in None Page 10 for Part 2. Your priority unsecured claims against you? To to Part 2. Your priority unsecured claims has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority and plant to ossible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out on Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. Plantation of each type of claim, see the instructions for this form in the instruction booklet. Total |

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| Debto | | Booker | Case number (if known) | |
|--------|---|-----------------------|--|---------------------|
| | | Last Name | | |
| Part 2 | List All of Your NONPRIORITY Unsecured Clai | ms | | |
| 3. | Do any creditors have nonpriority unsecured claims against y | you? | | |
| | No. You have nothing to report in this part. Submit this form to | the court with you | ır other schedules. | |
| 1 | ✓ Yes. | | | |
| 4. | — List all of your nonpriority unsecured claims in the alphabeti | cal order of the | creditor who holds each claim. If a creditor has mor | e than one priority |
| | unsecured claim, list the creditor separately for each claim. For each | | | |
| | If more than one creditor holds a particular claim, list the other cred | ditors in Part 3.If y | ou have more than four priority unsecured claims fill ou | ut the Continuation |
| | Page of Part 2. | | | |
| | | | | Total claim |
| 4.1 | Bank of America | - Last 4 digit | s of account number | \$1,000.00 |
| | Nonpriority Creditor's Name Po Box 26078 | When was | the debt incurred? n/a | |
| | Number Street | | | |
| | | | ate you file, the claim is: Check all that apply. | |
| | | Conting | gent | |
| | Greensboro North Carolina 27420 | Unliquid | dated | |
| | City State Zip Code | Dispute | ed | |
| | Who incurred the debt? Check one. Debtor 1 only | Type of NO | NPRIORITY unsecured claim: | |
| | Debtor 2 only | Student | loans | |
| | Debtor 1 and Debtor 2 only | | ions arising out of a separation agreement or divorce | |
| | <u>'</u> | | u did not report as priority claims | |
| | At least one of the debtors and another | | o pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts | Specify NSF | |
| | Is the claim subject to offset? | ✓ Other. S | specify | |
| | ✓ No | | | |
| | ☐ Yes | | | |
| 4.2 | City of Chicago Parking | — Last 4 digit | ts of account number | \$400.00 |
| | Nonpriority Creditor's Name 121 N. LaSalle St # 107A | _ | the debt incurred? n/a | |
| | Number Street | | | |
| | | | ate you file, the claim is: Check all that apply. | |
| | | Conting | gent | |
| | Chicago Illinois 60602 | Unliquid | dated | |
| | City State Zip Code | Dispute | ed | |
| | Who incurred the debt? Check one. Debtor 1 only | Type of NO | NPRIORITY unsecured claim: | |
| | Debtor 2 only | Student | loans | |
| | Debtor 1 and Debtor 2 only | Obligati | ions arising out of a separation agreement or divorce | |
| | ' | | u did not report as priority claims | |
| | At least one of the debtors and another | | o pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts | Procify Lineagued parking tigket debt | |
| | Is the claim subject to offset? | ✓ Other. S | Specify Unsecured parking-ticket debt | |
| | ✓ No | | | |
| | Yes | | | |
| 4.3 | City of Chicago Parking | - Last 4 digit | ts of account number | \$1,905.00 |
| | Nonpriority Creditor's Name 121 N. LaSalle St # 107A | • | the debt incurred? n/a | |
| | Number Street | | | |
| | | | ate you file, the claim is: Check all that apply. | |
| | | Conting | gent | |
| | Chicago Illinois 60602 | Unliquid | dated | |
| | City State Zip Code | Dispute | ed | |
| | Who incurred the debt? Check one. Debtor 1 only | Type of NO | NPRIORITY unsecured claim: | |
| | Debtor 2 only | Student | loans | |
| | Debtor 1 and Debtor 2 only | = | ions arising out of a separation agreement or divorce | |
| | = | that you | did not report as priority claims | |
| | At least one of the debtors and another | | o pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts | Procify Tielest- | |
| | Is the claim subject to offset? | ✓ Other. S | Specify Tickets | |
| | ✓ No | | | |
| | Yes | | | |

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| Debto | or 1 <u>Tina R</u> First Name Middle Name | Booker Case number (if known) Last Name | |
|--------|---|---|------------------|
| 5 4 | | | |
| Part 2 | Your NONPRIORITY Unsecured Claims - Cont | inuation Page | |
| | After listing any entries on this page, number them beginning | ing with 4.5, followed by 4.6, and so forth. | Total claim |
| 4.4 | Commonwealth Edison | Last 4 digits of account number | \$1,500.00 |
| | Nonpriority Creditor's Name ATTN: Bankruptcy Department: 2100 Swift Drive | When was the debt incurred? | |
| | Number Street | <u></u> | |
| | | As of the date you file, the claim is: Check all that apply. Contingent | |
| | | | |
| | Oak BrookIllinois60523CityStateZip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts | |
| | Is the claim subject to offset? | ✓ Other. Specify <u>Unsecured debt for services</u> | |
| | ✓ No | | |
| | Yes | | |
| 4.5 | DEPT OF ED/NAVIENT | Last 4 digits of account number 0930 | \$5,910.00 |
| | Nonpriority Creditor's Name PO Box 9635 | When was the debt incurred? 9/1/2013 | |
| | Number Street | Wrien was the debt incurred? | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Wilkes Barre Pennsylvania 18773 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | ✓ Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | 님 | that you did not report as priority claims | |
| | Check if this claim relates to a community debt Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | |
| | No | Other. Specify | |
| | Yes | | |
| 4.0 | DEPT OF ED/NAVIENT | | DF 101 00 |
| 4.6 | Nonpriority Creditor's Name | Last 4 digits of account number0516 | \$5,404.00 |
| | PO Box 9635 | When was the debt incurred? 5/1/2015 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | NATION DE LA CONTROL | Contingent | |
| | Wilkes Barre Pennsylvania 18773 City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | ✓ Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| | At least one of the debtors and another | that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar | |
| | Is the claim subject to offset? | debts Other. Specify | |
| | ✓ No | | |
| | Yes | | |

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| Debtor 1 Tina | R | Booker Case number (if known) | |
|---|--|--|-------------|
| First Name | Middle Name | Last Name | |
| · | ΓY Unsecured Claims - Cor on this page, number them begin | ntinuation Page nning with 4.5, followed by 4.6, and so forth. | Total claim |
| DEPT OF ED/NAVIENT Nonpriority Creditor's Nan | ne | Last 4 digits of account number 0808 | \$2,116.00 |
| PO Box 9635 Number Street | | When was the debt incurred? 8/1/2014 As of the date you file, the claim is: Check all that apply. | |
| Wilkes Barre City | Pennsylvania 18773 State Zip Code | Contingent Unliquidated | |
| Who incurred the debt? Debtor 1 only | | Disputed | |
| Debtor 2 only | | Type of NONPRIORITY unsecured claim: Student loans | |
| Debtor 1 and Debtor 2 At least one of the deb | • | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| _ | elates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to d No Yes | inset? | Other. Specify | |
| 8 DEPT OF ED/NAVIENT Nonpriority Creditor's Nan PO Box 9635 | ne | Last 4 digits of account number 0709 When was the debt incurred? 7/1/2014 | \$1,863.00 |
| Number Street | | As of the date you file, the claim is: Check all that apply. Contingent | |
| Wilkes Barre City Who incurred the debt? Debtor 1 only | Pennsylvania 18773 State Zip Code Check one. | Unliquidated Disputed | |
| Debtor 2 only Debtor 1 and Debtor 2 | only | Type of NONPRIORITY unsecured claim: Student loans | |
| At least one of the deb | • | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Check if this claim r | elates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| ✓ No ☐ Yes | | Other. Specify | |
| 9 DEPT OF ED/NAVIENT Nonpriority Creditor's Nan PO Box 9635 | ne | Last 4 digits of account number 0502 When was the debt incurred? 5/1/2014 | \$1,846.00 |
| Number Street | | As of the date you file, the claim is: Check all that apply. | |
| Wilkes Barre City Who incurred the debt? ✓ Debtor 1 only | Pennsylvania 18773 State Zip Code Check one. | Contingent Unliquidated Disputed | |
| Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 At least one of the deb | • | Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Check if this claim r | elates to a community debt | Debts to pension or profit-sharing plans, and other similar debts Other. Specify | |
| ✓ No ☐ Yes | | | |

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| Debtor | 1 <u>Tina</u> R | Booker Case number (if known) | |
|---------|---|---|-------------|
| | First Name Middle Name | Last Name | |
| Part 2: | Your NONPRIORITY Unsecured Claims - Co | ntinuation Page | |
| | After listing any entries on this page, number them beg | inning with 4.5, followed by 4.6, and so forth. | Total claim |
| 4.10 | DEPT OF ED/NAVIENT | Last 4 digits of account number 0709 | \$1,082.00 |
| | Nonpriority Creditor's Name PO Box 9635 | | |
| | Number Street | When was the debt incurred? 7/1/2014 | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Million Dorres Donney It conic 19772 | Contingent | |
| | Wilkes Barre Pennsylvania 18773 City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | ✓ Student loans | |
| | Debtor 1 and Debtor 2 only | | oroo |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divortiat you did not report as priority claims | лсе |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other simila debts | ır |
| | Is the claim subject to offset? | Other. Specify | |
| | ✓ No | | |
| | Yes | | |
| 4.11 | DEPT OF ED/NAVIENT | Last 4 digits of account number 0502 | \$880.00 |
| | Nonpriority Creditor's Name PO Box 9635 | When was the debt incurred? 5/1/2014 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Wilkes Barre Pennsylvania 18773 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | |
| | 블 | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | ✓ Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divo | orce |
| | At least one of the debtors and another | that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other simila debts | ır |
| | Is the claim subject to offset? | Other. Specify | |
| | = | _ | |
| | Yes | | |
| 4.12 | DPT ED/NAVI Nonpriority Creditor's Name | Last 4 digits of account number 0609 | \$10,213.00 |
| | PO BOX 9635 | When was the debt incurred? 6/1/2008 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | WILKES BARRE Pennsylvania 18773 | Unliquidated | |
| | City State Zip Code Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | ✓ Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divortinat you did not report as priority claims | irce |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other simila | ır |
| | Is the claim subject to offset? | debts | |
| | ✓ No | Other. Specify | |

Yes

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| Debtor | | Booker Case number (if known) | |
|---------|--|---|-------------|
| | | ast Name | |
| Part 2: | Your NONPRIORITY Unsecured Claims - Continuation After listing any entries on this page, number them beginning | | Total claim |
| 112 | DPT ED/NAVI | mig min 4.0, lollowed by 4.0, and 30 lolul. | |
| 4.13 | Nonpriority Creditor's Name PO BOX 9635 | Last 4 digits of account number 0609 When was the debt incurred? 6/1/2008 | \$9,990.00 |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | WILKES BARRE Pennsylvania 18773 | Contingent | |
| | City State Zip Code Who incurred the debt? Check one. | Unliquidated | |
| | Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | ✓ Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify | |
| | Yes | _ | |
| 4.14 | HLTHCARE CU | Last 4 digits of account number 9043 | \$488.00 |
| | Nonpriority Creditor's Name 326 W 64th St. | When was the debt incurred? 5/1/2014 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. Contingent | |
| | Chicago Illinois 60621 | Unliquidated | |
| | City State Zip Code Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | <u></u> | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify | |
| | Yes | | |
| 4.15 | MABT RETAIL | Local Additional account mumbers 2000 | \$621.00 |
| | Nonpriority Creditor's Name PO BOX 4499 | Last 4 digits of account number 0228 | |
| | Number Street | When was the debt incurred? 8/1/2015 | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | BEAVERTON Oregon 97076 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar | |
| | Is the claim subject to offset? | debts Other. Specify | |
| | ✓ No | ✓ Other. Specify | |
| | Yes | | |

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| Debtor | | Booker Case number (if known) Last Name | |
|---------|---|---|-------------|
| Part 2 | . | | |
| r art Z | After listing any entries on this page, number them beginn | | Total claim |
| 4.16 | Navient | Last 4 digits of account number 0120 | \$29,455.00 |
| | Nonpriority Creditor's Name 1002 ARTHUR DR | When was the debt incurred? 1/1/2006 | |
| | Number Street | <u> </u> | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | LYNN HAVEN Florida 32444 | Contingent | |
| | City State Zip Code Who incurred the debt? Check one. | Unliquidated | |
| | Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | ✓ Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify | |
| | ✓ No | | |
| | ∐ Yes | | |
| 4.17 | Navient Nonpriority Creditor's Name | Last 4 digits of account number 0828 | \$4,328.00 |
| | 1002 ARTHUR DR | When was the debt incurred? 8/1/2007 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | LYNN HAVEN Florida 32444 City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | ✓ Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| | At least one of the debtors and another | that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? No | Other. Specify | |
| | Yes | _ | |
| 4.40 | | | |
| 4.18 | Navient Nonpriority Creditor's Name | Last 4 digits of account number 0828 | \$3,708.00 |
| | 1002 ARTHUR DR Number Street | When was the debt incurred? 8/1/2007 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | LYNN HAVEN Florida 32444 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | |
| | Debtor 1 only Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | ✓ Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | 블 | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt Is the claim subject to offset? | debts to pension or profit-snaring plans, and other similar | |
| | No | Other. Specify | |
| | Yes | | |
| | | | |

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Debtor 1 Tina Booker Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.19 Navient \$3,708.00 Last 4 digits of account number _ Nonpriority Creditor's Name 1002 ARTHUR DR When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent LYNN HAVEN 32444 Florida Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify **✓** No Yes 4.20 Navient \$3,308.00 Last 4 digits of account number 0521 Nonpriority Creditor's Name 1002 ARTHUR DR When was the debt incurred? 5/1/2007 Number As of the date you file, the claim is: Check all that apply. Contingent LYNN HAVEN 32444 Florida Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify_ **✓** No Yes 4.21 Nicor Gas \$1,500.00 Last 4 digits of account number Nonpriority Creditor's Name 90 N. Finley Road When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Glen Ellyn Illinois 60137 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt ✓ Other. Specify <u>Unsecured debt for services</u> Is the claim subject to offset? **✓** No Yes

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| Debtor | | Booker Case number (if known) | |
|---------|--|---|-------------|
| | First Name Middle Name | Last Name | |
| Part 2: | Your NONPRIORITY Unsecured Claims - Cont | inuation Page | |
| | After listing any entries on this page, number them beginn | | Total claim |
| 4.00 | | mily man 4.0, followed by 4.0, and 30 for all | |
| 4.22 | Pittacora Law Group, LLC Nonpriority Creditor's Name | Last 4 digits of account number | \$7,309.00 |
| | 223 W. Jackson Blvd., Suite 620 | When was the debt incurred?n/a | |
| | Number Street | As of the date you file the claim in Check all that and he | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Chicago Illinois 60606 | Unliquidated | |
| | City State Zip Code Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Unsecured debt for broken-lease Other. Specify fees | |
| | ✓ No ☐ Yes | · · · | |
| 4.23 | TMobile | Lost 4 digits of account number | \$1,000.00 |
| | Nonpriority Creditor's Name P.O. Box 742596 | Last 4 digits of account number When was the debt incurred? n/a | <u> </u> |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | | | |
| | Cincinnati Ohio 45274 City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts | |
| | Is the claim subject to offset? | Other. Specify Cell | |
| | ✓ No | | |
| | Yes | | |

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| Debtor 1 11na First | Name | Middle Name | Last Name | Case number (if known) |
|------------------------|--|---|---------------------|--|
| Part 3: Lis | t Others to Be Notified | l About a Debt Th | at You Already | Listed |
| collection | on agency is trying to collect nere. Similarly, if you have n | ct from you for a debt nore than one credito | you owe to someon | y, for a debt that you already listed in Parts 1 or 2. For example, if a one else, list the original creditor in Parts 1 or 2, then list the collection bts that you listed in Parts 1 or 2, list the additional creditors here. If or 2, do not fill out or submit this page. |
| HARRIS Name | & HARRIS LTD | | On which entry | ry in Part 1 or Part 2 did you list the original creditor? |
| 111 W J | ACKSON BLVD S-400 Street | | Line 4.3 | of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured |
| CHICAG | GO Illinois | 60604 | Last 4 digits o | Claims of account number |
| City | State | Zip Code | | |

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Booker Debtor 1 Tina Case number (if known) First Name Add the Amounts for Each Type of Unsecured Claim Part 4: 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 **Total claims** 6a. Domestic support obligations. from Part 1 \$1,836.72 6b. Taxes and certain other debts you owe the government \$0.00 6c. Claims for death or personal injury while you were intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$1,836.72 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$83,811.00 **Total claims** 6f. Student loans from Part 2 \$0.00 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar 6h. debts \$15,723.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$99,534.00 6j. Total. Add lines 6f through 6i. 6j.

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| Fill in this infor | mation to identify your cas | e: | | |
|---|-----------------------------|-------------|----------------------|---|
| Debtor 1 | Tina | R | Booker | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filin | ^{1g)} First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | Northern | District of Illinois | |
| | | | (State) | |
| Case number (If known) | | | | _ |

Official Form 106G

| Check if this is ar |
|---------------------|
| amended filing |

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or compar | ny with whom you have th | ne contract or lease | State what the contract or lease is for | | | | |
|-----|--|--------------------------|----------------------|---|--|--|--|--|
| 2.1 | Christiana Udoh Name 1323 W 98th | | | Residential Lease, Debtor is Lessee, Two-year residential lease | | | | |
| | Number Chicago City | Street Illinois State | 60643 Zip Code | | | | | |

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| | | | Doc | amen rage | 33 01 73 | | | |
|-----------|--|--|-----------------------------------|----------------------------|-----------------|-----------------------|---|-------|
| Fill in t | this inform | nation to identify your cas | e: | | | | | |
| Debto | r 1 | Tina | R | Booker | | | | |
| Dobio | | First Name | Middle Name | Last Name | | | | |
| Debto | | | | | | | | |
| (Spou | se, if filing | First Name | Middle Name | Last Name | | | | |
| United | l States B | ankruptcy Court for the: | Northern | District of Illinois | | | | |
| _ | | | | (State) | | | | |
| (If know | number wn) | | | | | | | |
| Offi | cial F | Form 106H | | | l | | Check if this amended filii | |
| Sch | edul | e H: Your Co | odebtors | | | | | 12/15 |
| Codeb | tors are r | people or entities who a | re also liable for any debt | s vou may have. Be as | complete and | d accurate as noss | ible. If two married people are fil | lina |
| entries | in the bor every question Do you limited No. | oxes on the left. Attach uestion. have any codebtors? (I | | is page. On the top of a | any Additiona | • • | l Page, fill it out, and number the r name and case number (if kno | |
| | ✓ Yes | 3 | | | | | | |
| 2. | | • | | | | ty property states an | d territories include Arizona, Califor | rnia, |
| | | ouisiana, Nevada, New M . Go to line 3. | exico, Puerto Rico, Texas, W | rashington, and wiscons | n.) | | | |
| | | | r spouse, or legal equivalent | live with you at the time? | ı | | | |
| | | No | р, | , | | | | |
| | Ħ | Yes. In which communit | y state or territory did you live | e? | Fill in the nar | ne and current addre | ess of that person. | |
| | _ | | | | | | | |
| | | Name of your spouse, for | ormer spouse, or legal equive | alent | | | | |
| | | Number Street | | | | | | |
| | | rambol Clook | | | | | | |
| | | City | State | Zip Co | ode | | | |
| 3. | again as | a codebtor only if that | person is a guarantor or | cosigner. Make sure ye | ou have listed | d the creditor on S | ou. List the person shown in lin chedule D (Official Form 106D), hedule G to fill out Column 2. | |
| | Column | 1: Your codebtor | | | Colu | ımn 2: The credito | to whom you owe the debt | |
| | | | | | Chec | ck all schedules that | apply: | |
| 3.1 | Booker, | Γina R. | | | | Schodula D. lina | 21 | |
| | Name | | | | — <u> </u> | Schedule D, line | 2.1 | |
| | | 10135 S. Sangamor | 1 | | ✓ | Schedule E/F, line | | |
| | Number | Street | | | | | 4.19; 4.20 | |

60643

Zip Code

Schedule G, line

Illinois

State

Chicago

City

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| Fill in this information to identi | fy your case: | | | | | | |
|---|---|-------------------------------|------------------------------------|----------------------------|---|------------------|--|
| Debtor 1 Tina | R | Booker | | _ | | | |
| First Name | Middle Name | Last Na | ime | | Check if this is: | | |
| Debtor 2 (Spouse, if filing) First Name | Middle Name | Last Na | ıme | - | An amended filing | | |
| | | | | | A supplement showing post-peti | ition chapter | |
| United States Bankruptcy Court for the: | Northern | District of Illin | nois rate) | - | expenses as of the following date | | |
| Case number | | | | _ | | | |
| (If known) | | | | | MM / DD / YYYY | | |
| Official Form 106l | | | | | | | |
| Schedule I: Your In | come | | | | | 12/ ⁻ | |
| equally responsible for supply with you, include information about you additional pages, write your nature. Part 1: Describe Employm | about your spouse. ur spouse. If more spa name and case numbe | If you are se ace is neede | parated and d, attach a s | l your spou separate sh | se is not filing with you, de eet to this form. On the top | o not | |
| | | | | | | | |
| Fill in your employment | | Debtor 1 | | | Debtor 2 | | |
| information. | Employment status | ✓ Employe | ed | | Employed | | |
| If you have more than one job, | | Not Employed | | | Not Employed | | |
| attach a separate page with | Occupation | _ | | | _ | | |
| information about additional employers. | - | Liaalib Can | . Camilaa Cam | | | | |
| Include part time, seasonal, | Employer's name | Health Care | Service Corp. | | | | |
| or | Employer's address | 300 E. Rand Number Stree | | | Number Street | | |
| self-employed work. | | | • | | | | |
| Occupation may include | | | | | | | |
| student or homemaker, if it applies. | | | | | | | |
| , 11 | | Chicago City | Illinois State | Zip Code | City State Z | Zip Code | |
| | | 9 months | | _p | | | |
| | How long employed there? | - | | | | | |
| | thore. | | | | | | |
| Part 2: Give Details About | Monthly Income | | | | | | |
| Estimate monthly income as of the you are separated. If you or your non-filing spouse have m | | | | | | | |
| attach a separate sheet to this form. | | | For D | ebtor 1 | For Debtor 2 or non-filing spouse | | |
| 2 List monthly gross wages sala | | | | | • | | |
| deductions.) If not paid monthly, o | ary, and commissions (befo calculate what the monthly wag | | 2. | \$6,166.66 | | | |
| | calculate what the monthly wag | ge would be. | 2. 3. | \$6,166.66 + \$0.00 | | | |

Official Form 106l Schedule I: Your Income page 1

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| Debto | or 1 Ina R | Booker | Case number | (if known) | |
|-----------------------|--|--|-------------------------|-----------------------------------|-------------------------|
| | First Name Middle Name | Last Name | For Debtor 1 | For Debtor 2 or non-filing spouse | |
| Со | py line 4 here | → 4. | \$6,166.66 | | |
| 5. Lis | t all payroll deductions: | | | | |
| 5a | . Tax, Medicare, and Social Security deductions | 5a. | \$649.35 | | |
| 5b | . Mandatory contributions for retirement plans | 5b. | \$0.00 | | |
| 5c. | . Voluntary contributions for retirement plans | 5c. | \$370.00 | | |
| 5d | . Required repayments of retirement fund loans | 5d. | \$0.00 | | |
| 5e | . Insurance | 5e. | \$0.00 | | |
| 5f. | Domestic support obligations | 5f. | \$0.00 | | |
| 5g | . Union dues | 5g. | \$0.00 | | |
| 5h | . Other deductions. Specify: | 5h. + | \$333.54 | + | |
| 6. Add +5h. | d the payroll deductions. Add lines 5a + 5b + 5c + 5d | + 5e +5f + 5g 6. | \$1,352.89 | | |
| 7. Cal | culate total monthly take-home pay. Subtract line 6 fr | rom line 4. 7. | \$4,813.77 | | |
| 8. Lis t | t all other income regularly received: | | | | |
| 8a | . Net income from rental property and from operati business, profession, or farm | - | | | |
| | Attach a statement for each property and business shown receipts, ordinary and necessary business expenses, are monthly net income. | | \$0.00 | | |
| 8b | . Interest and dividends | 8b. | \$0.00 | | |
| 8c. | . Family support payments that you, a non-filing sp dependent regularly receive | ouse, or a | | | |
| | Include alimony, spousal support, child support, mainter divorce settlement, and property settlement. | nance, 8c. | \$0.00 | | |
| 8d | . Unemployment compensation | 8d. | \$0.00 | | |
| 8e | . Social Security | 8e. | \$0.00 | | |
| | Other government assistance that you regularly rec Include cash assistance and the value (if known) of any rassistance that you receive, such as food stamps (benef the Supplemental Nutrition Assistance Program) or housubsidies | non-cash its under using | | | |
| | Specify: | 8f. | \$0.00 | | |
| · | Pension or retirement income | 8g. | \$0.00 | | |
| | . Other monthly income. Specify: | | | + | |
| 9. Ad | d all other income Add lines 8a + 8b + 8c + 8d + 8e + 8 | 8f +8g + 8h. 9. | \$0.00 | | |
| | Ilculate monthly income. Add line 7 + line 9. Id the entries in line 10 for Debtor 1 and Debtor 2 or non- | 10. -filing spouse | \$4,813.77 | + | = \$4,813.77 |
| Inc rel | ate all other regular contributions to the expenses clude contributions from an unmarried partner, members datives. on on include any amounts already included in lines 2-10 c | of your household, your de | pendents, your roommate | • | |
| Sp | pecify: | | | | 11. + \$0.00 |
| | dd the amount in the last column of line 10 to the ar | | | | 12. \$4,813.77 |
| **1 | and olding | and the second s | and Holding Date | , « | Combined monthly income |
| 13. D c | you expect an increase or decrease within the year | r after you file this form? | ? | | |
| L | Yes. Explain: | | | | |

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| Debtor 1 | Tina | R | Booker | Case number (if known) | |
|----------|------------|-------------|-----------|------------------------|--|
| | First Name | Middle Name | Last Name | , , | |

Part 2: Give Details About Monthly Income

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---------------------------------------|--------------|-----------------------------------|
| 5h.Other payroll deductions. Specify: | | |
| 1. Dental | \$58.50 | |
| 2. Dependent Life Child | \$1.63 | |
| 3. Healthcare | \$231.83 | |
| 4. Long Term Disability | \$20.04 | |
| 5. Vision | \$9.51 | |
| 6. Voluntary Life | \$12.03 | |

Official Form 106l Schedule I: Your Income page 3

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| Debtor 1 Tris R Boder First Name Midde Name Last Name Last Name Check if this stage plant of the property of the pro | | | | | | |
|--|---|------------------------------------|---|------------------------------------|-----------------------|----------------------|
| First Name | Fill in this informat | tion to identify y | our case: | | | |
| Debtor 2 Copuse, it fills (First Name Middle Name Last Name Debtor 2 (State) Dependent's relationship to each dependent Debtor 2 Debtor 3 Debtor 4 | Debtor 1 | Tina | R | Booker | | |
| Spouse, If filing First Name | F | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: Northern | | First Namo | Middle Name | Last Namo | Check if this is: | |
| Case number (It known) Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (If known), Answer every question. Parts: Describe Your Household 1. Is this a joint case? No. Go to line 2 No. Go to line 2 No. Does Debtor 2 live in a separate household? No. To the before 2 must file Official Forms 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? Do not list Debtor 1 and Debtor 1 and Debtor 2. Child Debtor 1 of Debtor 2 Child On Debtor 1 of Debtor 2 No. Child Child On Debtor 1 of Debtor 2 No. Child Chi | | | | Lastivanie | An amended filin | g |
| Case number (thrown) MM / DD / YYYY Official Form 106J Schedule J: Your Expenses 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (flindown). Answer every question. Part 1: Describe Your Household 1.15 this a joint case? No. Go to line 2 | United States Ban | nkruptcy Court fo | or the: Northern | | | |
| Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Parts: Describe Your Household 1. Is this a joint case? No. Got to line 2 Yes. Debtor 2 live in a separate household? No Parts: Describe Your Household 1. Is this a joint case? No. Got to line 2 Yes. Debtor 2 must file Official Forms 106J.2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? Do not list Debtor 1 and Debtor 2 Child 10 years No. Child 10 years No. Child 10 years No. Yes. Child 22 years No. Yes. Child 22 years No. Yes. Child 24 years No. Yes. Child 24 years No. Yes. Child 24 years No. Yes. Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of the south assistance and have included it on Schedule 1 to Schedule 1 form 8 106J. 8 1,550.00 | Case number | | | (State) | expenses as or tr | ne following date: |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (findnown). Answer every question. Part 1: Describe Your Household 1. Is this a joint case? No. Go to line 2 Yes. Does Debtor 2 live in a separate household? No great the properties of the propertie | (If known) | | | | MM / DD / YYYY | |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (findnown). Answer every question. Part 1: Describe Your Household 1. Is this a joint case? No. Go to line 2 Yes. Does Debtor 2 live in a separate household? No great the properties of the propertie | Official E | orm 100 | 3 1 | | | |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. The provided of the | | | | | | |
| information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Your Household 1. Is this a joint case? Yes. Does Debtor 2 live in a separate household? Yes. Does Debtor 2 must file Official Forms 106J-2. Expenses for Separate Household of Debtor 2. 2. Do you have dependents? Do not list Debtor 1 and Debtor 1 and Debtor 1 and Debtor 2. Child | <u>Schedule</u> | : J: You | r Expenses | | | 12/15 |
| 1. Is this a joint case? No. Go to line 2 Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Forms 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for each dependent No No Yes. No. Yes. Yes. | information. If mo (if known). Answe | ore space is ne er every questi | eded, attach another sheet to this on. | | | |
| No. Go to line 2 Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Forms 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? Do not list Debtor 1 and Debtor 2 Yes. Fill out this information for each dependent Petro 1 or Debtor 2 Petro 1 or Debtor 3 Petro 1 or Debtor 4 Petro 1 or Debtor 4 Petro 1 or Debtor 5 Petro 1 or Debtor 5 Petro 1 or Debtor 6 Petro 1 or Debtor 7 Petro 1 or Debtor 9 | | | usenoia | | | |
| Yes. Does Debtor 2 live in a separate household? No | | | | | | |
| No res. Debtor 2 must file Official Forms 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No No Popendent's relationship to Dependent's relationship to Debtor 1 and Debtor 2. Popendent's relationship to Debtor 1 or Debtor 2 Popendent's relationship to Debtor 1 or Debtor 2 Popendent's relationship to Dependent's relationship to Debtor 1 or Debtor 2 Popendent's relationship to Popendent's relationship to Dependent's relationship to Dependent's relationship to Dependent's relationship to Dependent's relationship to Popendent's relationship to Dependent's relationship to Popendent's relationship to Dependent's relationship to Dependent's relationship to Popendent's relationship to Popendent P | ✓ No. Go to | line 2 | | | | |
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| 2. Do you have dependents? Do not list Debtor 1 and Debtor 2. Do not list Debtor 1 and Debtor 2. Child 15 years No. Yes. Child 10 years No. Yes. Child 22 years No. Yes. Child 24 years No. Yes. Child 24 years No. Yes. Child 24 years No. Yes. Child 27 yes. Child 27 yes. Child 29 years No. Yes. Child 24 years No. Yes. Child 27 yes. Child 27 yes. Child 27 yes. Child 29 years No. Yes. Child 29 years No. Yes. Child 20 years No. Yes. Child 20 years No. Yes. Child 21 years No. Yes. Child 22 years No. Yes. Child 24 years No. Yes. Child 26 years No. Yes. Child 27 yes. Child 28 years No. Yes. Child 29 years No. Yes. Child 20 years No. Yes. Child 21 years No. Yes. Child 21 years No. Yes. Child 22 years No. Yes. Child 24 years No. Yes. Child 25 years No. Yes. Child 26 years No. Yes. Child 27 yes. Yes. Child 28 years No. Yes. Child 29 years No. Yes. Child 20 years No. Yes. The separation of the form and fill in the applicable date. Fart 2: Estimate Your expenses as of your bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 1061.) | | No | | | | |
| 2. Do you have dependents? Do not list Debtor 1 and Debtor 2. Do not list Debtor 1 and Debtor 2. Child 15 years No. Yes. Child 10 years No. Yes. Child 22 years No. Yes. Child 24 years No. Yes. Child 24 years No. Yes. Child 24 years No. Yes. Child 27 yes. Child 27 yes. Child 29 years No. Yes. Child 24 years No. Yes. Child 27 yes. Child 27 yes. Child 27 yes. Child 29 years No. Yes. Child 29 years No. Yes. Child 20 years No. Yes. Child 20 years No. Yes. Child 21 years No. Yes. Child 22 years No. Yes. Child 24 years No. Yes. Child 26 years No. Yes. Child 27 yes. Child 28 years No. Yes. Child 29 years No. Yes. Child 20 years No. Yes. Child 21 years No. Yes. Child 21 years No. Yes. Child 22 years No. Yes. Child 24 years No. Yes. Child 25 years No. Yes. Child 26 years No. Yes. Child 27 yes. Yes. Child 28 years No. Yes. Child 29 years No. Yes. Child 20 years No. Yes. The separation of the form and fill in the applicable date. Fart 2: Estimate Your expenses as of your bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 1061.) | | Yes. Debtor 2 r | must file Official Forms 106J-2, Expens | ses for Separate Household of Debt | or 2. | |
| Do not list Debtor 1 and Debtor 2. Pass Fill out this information for each dependent each dependent Popendent's relationship to Debtor 2 Child 15 years With you? | 2. Do you have | | _ | | | |
| Debtor 2. | • | tor 1 and | Yes. Fill out this information for | Dependent's relationship to | Dependent's | Does dependent live |
| Child 10 years No. Child 22 years No. Yes. Child 22 years No. Yes. Child 22 years No. Yes. Child 24 years No. Yes. Child 27 yes. Relative 2 months No. Yes. Relative 2 months No. Yes. Summary or expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 106l.) Your expenses 4. The rental or home ownership expenses for your residence. Include first mortgage payments and | Debtor 2. | | <u>—</u> | | • | • |
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| Child 22 years No. Relative 2 years No. Child 24 years No. Child 24 years No. Yes. Child 24 years No. Yes. Relative 2 months No. Yes. Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 106L) Your expenses 4. The rental or home ownership expenses for your residence. Include first mortgage payments and | | | | | | = |
| Child 22 years No. Relative 2 years No. Child 24 years No. Yes. Child 24 years No. Yes. Relative 2 months No. Yes. Stimate Your Ongoing Monthly Expenses Estimate Your Ongoing Monthly Expenses Estimate Your ongoing Monthly Expenses Estimate Your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 106L) Your expenses 4. The rental or home ownership expenses for your residence. Include first mortgage payments and | | | | Child | 10 years | |
| Relative 2 years No. Child 24 years No. Yes. Relative 2 months No. Yes. Relative 2 months No. Yes. Relative 2 months No. Yes. Solve than yourself and your dependents? Estimate Your Ongoing Monthly Expenses Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 106L) Your expenses \$1,350.00 | | | | Child | 22 years | |
| Child 24 years No. Relative 2 months No. Yes. Relative 2 months No. Yes. 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 106I.) Your expenses 4. The rental or home ownership expenses for your residence. Include first mortgage payments and | | | | Orma | ZZ youro | ✓ Yes. |
| Child Child Algorithm Relative Part 2: Estimate Your Ongoing Monthly Expenses Estimate Your Ongoing Monthly Expenses Estimate Your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and | | | | Relative | 2 years | No. |
| Relative 2 months | | | | | | ✓ Yes. |
| Relative 2 months No. 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and \$1,350.00 | | | | Child | 24 years | H |
| 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form B 106I.) Your expenses 4. The rental or home ownership expenses for your residence. Include first mortgage payments and | | | | Deleter | Omatha | |
| 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and \$1,350.00 | | | | Relative | 2 months | |
| expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and | 3. Do your exper | nses include | | | | 100. |
| yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and \$1,350.00 | expenses of p | | ✓ No | | | |
| Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and \$1,350.00 | | our | Yes | | | |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and \$1,350.00 | | | | | | |
| expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and \$1,350.00 | Part 2: Estima | ate Your On | going Monthly Expenses | | | |
| expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and \$1,350.00 | Estimate your ex | xpenses as of | your bankruptcy filing date unless | you are using this form as a supp | lement in a Chapter 1 | 3 case to report |
| such assistance and have included it on Schedule I: Your Income (Official Form B 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and \$1,350.00 | | | e bankruptcy is filed. If this is a sup | plemental Schedule J, check the | box at the top of the | form and fill in the |
| any vent for the ground or let A | | | | | | Your expenses |
| · · · · · · · · · · · · · · · · · · · | | | | clude first mortgage payments and | | |
| If not included in line 4: | • | • | | | | |
| 4a. Real estate taxes 4a \$0.00 | | | | | | 4a \$0.00 |
| Official Form 106J Schedule J: Your Expenses page 1 4b. Property, homeowner's, or renter's insurance 4b. \$0.00 | Official Form 1 4b. Property, | 06J homeowner's, o | or renter's insurance | chedule J: Your Expenses | | page 1 |
| TD | | | r, and upkeep expenses | | | <u></u> |
| | 4c. Home ma | untenance, repai | r, and upkeep expenses | | | 4c. \$0.00 |

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| Debter 1 Hambowner's association or condominium dues Booker Case number (if known) First Name Middle Name Last Name | 4d. | \$0.00 |
|---|-----|---------------|
| | | Your expenses |
| 5. Additional mortgage payments for your residence, such as home equity loans | 5. | \$0.00 |
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. | \$250.00 |
| 6b. Water, sewer, garbage collection | 6b. | \$95.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$138.00 |
| 6d. Other. Specify: Cable/Internet | 6d | \$120.00 |
| 7. Food and housekeeping supplies | 7. | \$850.00 |
| 8. Childcare and children's education costs | 8. | \$240.00 |
| 9. Clothing, laundry, and dry cleaning | 9. | \$125.00 |
| 10. Personal care products and services | 10. | \$125.00 |
| 11. Medical and dental expenses | 11. | \$75.00 |
| Transportation. Include gas, maintenance, bus or train fare. Do not include car payments | 12. | \$280.00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$0.00 |
| 14. Charitable contributions and religious donations | 14. | \$0.00 |
| Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a | \$0.00 |
| 15b. Health insurance | 15b | \$0.00 |
| 15c. Vehicle insurance | 15c | \$65.00 |
| 15d. Other insurance. Specify: | 15d | \$0.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | |
| Specify: | 16 | \$0.00 |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a | \$0.00 |
| 17b. Car payments for Vehicle 2 | 17b | \$0.00 |
| 17c. Other. Specify: | 17c | \$0.00 |
| 17d. Other. Specify: | 17d | \$0.00 |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$0.00 |
| 19.Other payments you make to support others who do not live with you. | 10. | |
| Specify: | 19. | \$0.00 |
| 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | 10. | |
| 20a. Mortgages on other property | 20a | \$0.00 |
| 20b. Real estate taxes. | 20b | \$0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c | \$0.00 |
| 20d. Maintenance, repair, and upkeep expenses. | 20d | \$0.00 |
| 20e. Homeowner's association or condominium dues | 20e | \$0.00 |

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| Debtor 1 | | R | Booker | Case number (if known) | | |
|-------------------|------------------------------|--------------------------------|---------------------------------|------------------------|-----|------------|
| | First Name | Middle Name | Last Name | | | |
| 21.Other | . Specify: | | | | 21 | \$0.00 |
| | | | | | | |
| 22. Calcu | ılate your monthly expen | ises. | | | | \$3,713.00 |
| 22a. <i>A</i> | add lines 4 through 21. | | | | | \$0.00 |
| 22b. C | Copy line 22 (monthly expe | | \$3,713.00 | | | |
| 22c. A | dd line 22a and 22b. The r | 22. | | | | |
| 23.Calcu | late your monthly net inc | come. | | | | |
| 23a. C | Copy line 12 (your combined | d monthly income) from Sch | edule I. | | 23a | \$4,813.77 |
| 23b. C | Copy your monthly expenses | s from line 22 above. | | | 23b | \$3,713.00 |
| 220 5 | ubtract your monthly expen | nses from your monthly incor | mo. | | 200 | |
| | The result is your monthly r | , , | ne. | | 23c | \$1,100.77 |
| | , | | | | 230 | |
| 24. Do y o | ou expect an increase or | decrease in your expense | es within the year after you | u file this form? | | |
| For e | example, do you expect to fi | inish paying for your car loar | n within the year or do you ex | pect your | | |
| | | | nodification to the terms of yo | | | |
| √ 1 | No | | | | | |
| | ′es | | | | | |
| Ш' | G3 | | | | | |
| | Explain here: | | | | | |
| | | | | | | |
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| | | | | | | |

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| Fill in this information to identify your case: | | | | | | |
|---|---------------------------|-------------|----------------------|---|--|--|
| Debtor 1 | Tina | R | Booker | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if filing | ng) First Name | Middle Name | Last Name | | | |
| United States | Bankruptcy Court for the: | Northern | District of Illinois | _ | | |
| Case number (If known) | | | (State) | _ | | |

Official Form 106Dec

| Check if this is an |
|---------------------|
| amended filing |

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t1: Sign Below | |
|-----|--|---|
| | Did you pay or agree to pay someone who is NOT an attorney to h | elp you fill out bankruptcy forms? |
| | ✓ No | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | | |
| | | |
| | Under penalty of perjury, I declare that I have read the summary are that they are true and correct. | nd schedules filed with this declaration and |
| × | /s/ Tina Booker | × |
| | Signature of Debtor 1 | Signature of Debtor 2 |
| | Date 10/31/2016 | Date |
| | MM/DD/YYYY | MM/DD/YYYY |

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| Debtor 1 | Tina | R | Booker |
|------------------------|--------------------------|-------------|----------------------|
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing | First Name | Middle Name | Last Name |
| United States Ba | ankruptcy Court for the: | Northern | District of Illinois |
| | | | (State) |
| Case number (If known) | - | | |

Official Form 107

Check if this is an amended filing

Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part | 1: Give Details | About You | ır Marital Stat | us and Where You Liv | ved Before | | | |
|------|---|-------------------|--------------------|---|-------------------|------------|----------|-----------------------------|
| 1. | What is your cur | rent marital s | tatus? | | | | | |
| 2. | ✓ Not married During the last 3 years, have you lived anywhere other than where you live now? ☐ No ✓ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | | |
| | Debtor 1: | | | Dates Debtor 1 lived there | Debtor 2: | | | Dates Debtor 2 lived there |
| | | | | | Same a | s Debtor 1 | | Same as Debtor 1 |
| | 169 Glenn Oa Number Stree | | | From <u>03/2014</u> To <u>11/2015</u> | Number Stre | eet | | From |
| | Country Club Hills City | Illinois State | 60478 Zip Code | | City | State | Zip Code | |
| | <u>.</u> | | , | | Same a | s Debtor 1 | | Same as Debtor 1 |
| | 14307 S. Davi Number Stree | | | From <u>07/2005</u> To <u>03/2015</u> | Number Stre | eet | | From |
| | Blue Island City | Illinois State | 60406 Zip Code | | City | State | Zip Code | |
| | erritories include Ar | izona, Californ | a, Idaho, Louisian | pouse or legal equivalent in a, Nevada, New Mexico, Pue debtors (Official Form 106H). | erto Rico, Texas, | | | mmunity property states and |

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| ears? |
|--|
| |
| Gross income (before deductions and exclusions) |
| |
| |
| |
| employment, and other public nings. If you are filing a joint |
| |
| |
| Gross income from each source (before deductions and exclusions) |
| |
| |
| |
| |

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| First Name | | Middle Name | Last Name | | IIIDei (II khowii) | |
|-------------------|------------------|--|-------------------------------|---|----------------------------------|-------------------------|
| | | | | | | |
| List Cert | tain Paymer | nts You Made I | Before You Filed fo | r Bankruptcy | | |
| a aithar Daht | or 1's or Debt | or 2's debts nrim: | arily consumer debts? | | | |
| _ | | | | | | |
| | | r Debtor 2 has pri al, family, or househ | - | . Consumer debts are define | ed in 11 U.S.C. § 101(8) as "ind | curred by an individual |
| During | the 90 days be | fore you filed for ba | nkruptcy, did you pay any | creditor a total of \$6,425* or | more? | |
| ☐ No | o. Go to line 7. | | | | | |
| ☐ Y | total amour | nt you paid that cred | ditor. Do not include paym | 25* or more in one or more p ents for domestic support ob to an attorney for this bankr | oligations, such as | |
| * Subje | ect to adjustmen | nt on 4/01/19 and ev | very 3 years after that for c | ases filed on or after the date | e of adjustment. | |
| Yes. Debto | r 1 or Debtor 2 | 2 or both have pri | imarily consumer debts | s. | | |
| During | the 90 days be | fore you filed for ba | nkruptcy, did you pay any | creditor a total of \$600 or mo | ore? | |
| ✓ No | o. Go to line 7. | | | | | |
| | | and craditar to who | om vou paid a total of the no | or more and the total amour | at vou poid | |
| <u></u> п | | | | port obligations, such as chil | | |
| | | | ayments to an attorney for | | a support and | |
| | - | | | | | 10 |
| | | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| | | | | | | Mortgage |
| Creditor's N | Name | | | | | Car |
| Number Sti | reet | | | | | Credit card |
| | | | | | | Loan repayme |
| | | | | | | Suppliers or |
| City | State | Zip Code | | | | vendors |
| | | | | | | Other |
| Creditor's N | Name | | | - | | Mortgage |
| Numer an Ott | ro ot | | | | | Car |
| Number Sti | ieet | | | | | Credit card |
| | | | | | | Loan repayme |
| City | State | Zip Code | | | | Suppliers or vendors |
| , | | p | | | | Other |
| One ditte of the | \ | | | - | _ | Mortgage |
| Creditor's N | vame | | | | | Car |
| Number Sti | reet | | | | | Credit card |
| | | | | | | Loan repayme |
| | | | | | | Suppliers or |
| City | State | Zip Code | | | | vendors |
| | | | | | | Other |

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| Debtor | 1 Tina | R | | Booke | <u>r</u> | Case number (if k | nown) | | |
|----------------|---|---|-----------------------------------|--|-------------------|----------------------|--|--|--|
| | First Name | | dle Name | Last Na | me | | | | |
| In co aç | siders include your rel prporations of which yo | atives; any genera ou are an officer, d a business you op | l partners; rel rector, persor | id you make a payment on a debt you owed anyone who was an insider? ; relatives of any general partners; partnerships of which you are a general partner; rson in control, or owner of 20% or more of their voting securities; and any managing a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, | | | | | |
| _ | = ! | | | | | | | | |
| | Yes. List all paymer | nts to an insider. | | | | | | | |
| | | | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment | | |
| | | | 1 | dymon | paid | 3till OWC | | | |
| | Insider's Name | | | | | | | | |
| | Number Street | | | | | | | | |
| | | | | | | | | | |
| | City S | State Zip C | Code | | | | | | |
| | Insider's Name | | | | - | | | | |
| | Number Street | | | | | | | | |
| | | | | | | | | | |
| | City | State Zip C | Code | | | | | | |
| in | sider? clude payments on det No Yes. List all paymen | ots guaranteed or o | cosigned by an | | Total amount paid | Amount you still owe | account of a debt that benefited an Reason for this payment | | |
| | | | ŀ | aymon | paid | Still OWC | Include creditor's name | | |
| | Insider's Name | | - | | | | | | |
| | Number Street | | | | | | | | |
| | | | | | | | | | |
| | City S | State Zip C | ode | | | | | | |
| | Insider's Name | | - | | | | | | |
| | Number Street | | | | | | | | |
| | | | | | | | | | |
| | City S | State Zip C | ode | | | | | | |

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| ebtor 1 | Tina First Name | F | R 1iddle Name | Booker Last Name | Ca | se number (if k | rnown) | | |
|----------|--------------------------------|------------------|------------------|--|--|-------------------|----------|-------------------------------------|--|
| | ī | | | | | | | | |
| 4: | Identify Lega | l Actions, Re | possessior | s, and Foreclosure | es | | | | |
| List a | | | | you a party in any laws nall claims actions, divorc | | | | ng? r custody modifications, and | |
| | No | | | | | | | | |
| ✓ | Yes. Fill in the det | alls. | Na | ture of the case | Court or a | gency | | Status of the case | |
| | Case title Udoh v. Booker | | Lar | ndlord-Tenant | | ty Circuit Cou | rt | Pending | |
| | | | | | Court Name 50 West Wa | | et | On appeal | |
| | Case number 2016-M1-70201 | | | | 50 West Washington Street NumberStreet | | | ✓ Concluded | |
| | | | | | Chicago City | Illinois State | Zip Code | | |
| | Case title | | | | | | <u> </u> | Pending | |
| | | | | | Court Name |) | | On appeal | |
| | Case number | | | | NumberStre | et | | Concluded | |
| | | | | | | | | | |
| | | | | | City | State | Zip Code | | |
| ✓ | Yes. Fill in the inf | formation below. | | Describe the prop | perty | | Date | Value of the property | |
| | Ford Motor Cre | dit Corporation | | 2015 Ford Escape | | | | \$0 | |
| | Creditor's Name | е | | | | | | | |
| | P.O. Box 6275 Number Street | | | Explain what happ | pened | | | | |
| | Number Street | | | ✓ Property was re | ennssessed | | | | |
| | - | | | Property was fo | | | | | |
| | Dearborn | Michigan | 48121 | Property was g | | | | | |
| | City | State | Zip Code | | ttached, seized, o | r levied. | | V 1 60 | |
| | | | | Describe the prop | епу | | Date | Value of the property | |
| | Creditor's Name | | | - | | | | | |
| | | | | Explain what happ | pened | | | | |
| | Number Street | | | _ | | | | | |
| | | | | Property was re | | | | | |
| | | | | Property was for Property was g | | | | | |
| | Citv | State | Zip Code | | ittached, seized, o | r levied. | | | |

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| Debto | or 1 | Tina First Name | R Middle Name | Booker Last Name | Case number (if known) | | |
|-------|----------|--|-----------------------|-----------------------------|---------------------------------|--------------------------|---------------------|
| | | hin 90 days before you filed fo ounts or refuse to make a payn | | | ank or financial institution, s | set off any amou | nts from your |
| | ✓ | No Yes. Fill in the details. | | | | | |
| | | | | Describe the action the | e creditor took | Date action was taken | Amount |
| | | Creditor's Name | | | | | |
| | | Number Street | | Last 4 digits of account n | umber: XXXX- | | |
| | | City State | Zip Code | | | | |
| | | hin 1 year before you filed for b ointed receiver, a custodian, o | | of your property in the p | oossession of an assignee f | or the benefit of o | creditors, a court- |
| | ✓ | No Yes | | | | | |
| Part | | List Certain Gifts and Co | | | | _ | |
| 13. | Wi | thin 2 years before you filed fo | or bankruptcy, did yo | ou give any gifts with a to | otal value of more than \$600 | per person? | |
| | | Yes. Fill in the details for each | | | | _ | |
| | | Gifts with a total value of mo per person | re than \$600 | Describe the gifts | | Dates you gave the gifts | Value |
| | | Person to Whom You Gave the 0 | Gift | | | | |
| | | Number Street | | | | | |
| | | City State Person's relationship to you | Zip Code | | | | |
| | | Person to Whom You Gave the 0 | Gift | | | | |
| | | Number Street | | | | | |
| | | City State Person's relationship to you | Zip Code | | | | |

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| Deb | tor 1 | Tina First Name | R Middle Name | Booker Last Name | Case number (if known) | | |
|------|----------------|--|-----------------------|--|---------------------------|-----------------------------------|------------------------|
| 11 | \ \ /i+ | hin 2 years hefore you filed t | or bankruptov did ve | ou give any gifts or contributi | one with a total value of | more than \$600 t | o any charity? |
| 14. | ✓ | No | or bankruptcy, did yt | ou give any gins or contributi | ons with a total value of | more man 5000 t | o any chanty: |
| | Ħ | Yes. Fill in the details for each | aift or contribution. | | | | |
| | | Gifts or contributions to cl that total more than \$600 | - | Describe what you contrib | uted | Date you contributed | Value |
| | | and total more man year | | | | | |
| | | Charity's Name | | | | | |
| | | | | | | | |
| | | N | | | | | |
| | | Number Street | | | | | |
| | | City State | Zip Code | | | | |
| Part | 6: | List Certain Losses | | | | | |
| 15. | | nin 1 year before you filed fo abling? No Yes. Fill in the details. | r bankruptcy or since | e you filed for bankruptcy, did | l you lose anything beca | use of theft, fire, | other disaster, or |
| | | Describe the property you how the loss occurred | lost and | Describe any insurance co Include the amount that insurapending insurance claims on A/B: Property. | ance has paid. List | Date of your loss | Value of property lost |
| | | | | | | | |
| 10. | abo | ut seeking bankruptcy or pro | eparing a bankruptcy | or anyone else acting on you pretition? edit counseling agencies for sen | | | iyone you consulted |
| | | | | Description and value of a transferred | ny property | Date payment or transfer was made | Amount of payment |
| | | Semrad Law Firm | | Attorney's Fee - 350.00 | | 10/17/2016 | \$350.00 |
| | | Person Who Was Paid | | | | | |
| | | Number Street | | | | | |
| | | | | | | | |
| | | City State | Zip Code | | | | |
| | | Email or website address | | | | | |
| | | Person Who Made the Payme | ent, if Not You | | | | |
| | | Person Who Was Paid | | | | | |
| | | Number Street | | | | | |
| | | City State | Zip Code | | | | |
| | | Email or website address | | | | | |
| | | Person Who Made the Payme | ent, if Not You | | | | |

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| Debto | r 1 | Tina | R | Booker | Case number (if known |) | |
|-------------|---------------------|--|---|---|---------------------------|--|------------------------------|
| | | First Name | Middle Name | Last Name | | | |
| ŀ | n elp Don | nin 1 year before you filed for you deal with your creditors not include any payment or transf No Yes. Fill in the details. | or to make payment | s to your creditors? | ur behalf pay or transfer | any property to any | yone who promised to |
| | _ | res. I ill ill the details. | | Description and value of a transferred | ny property | Date payment or transfer was made | Amount of payment |
| | | Person Who Was Paid | | | | | |
| | | Number Street | | | | | |
| | | City State | Zip Code | | | | |
| t I t | he onclu | nin 2 years before you filed fo ordinary course of your busin de both outright transfers and tr sfers that you have already listed No Yes. Fill in the details. | ess or financial affa ansfers made as secu | irs? | | | |
| • | _ | | | Description and value of a property transferred | | ny property or eceived or debts pa e | Date transfer was made |
| | | Person Who Received Transfe Number Street | r | | | | |
| | | City State Person's relationship to you | Zip Code | | | | |
| | | Person Who Received Transfe Number Street | r | | | | |
| | | City State Person's relationship to you | Zip Code | | | | |
| | | nin 10 years before you filed for se are often called asset-protect | | ou transfer any property to a | self-settled trust or sim | ilar device of which | you are a beneficiary? |
| [| ✓ | No Yes. Fill in the details. | | | | | |
| | | | | Description and value of | the property transferre | d | Date transfer was made |
| | | Name of trust | | | | | |

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| Debto | or 1 | Tina First Name | R Middle Name | | Booker Last Name | Cas | e number (if known) | | |
|--------------|-------------|---|----------------------|--------------|---------------------|-----------------|-------------------------------|---|-----------------------|
| Part 8 | 3: | List Certain Financial | | | | Boxes, an | d Storage Units | | |
| 20. i | With mov | hin 1 year before you filed yed, or transferred? ude checking, savings, money peratives, associations, and co | for bankruptcy, well | re any finan | cial accounts or | instruments l | held in your name, or fo | - | |
| ļ | ✓ | No Yes. Fill in the details. | | Last 4 c | ligits of account | Type o | of account or ment | Date account was | Last balance before |
| | | | | | | | | closed, sold, moved, or transferred | closing or transfer |
| | | Person Who Was Paid | | XXXX- | | | necking avings | | |
| | | Number Street | | | | Br | oney market okerage her | | |
| | | City State | Zip Code | | | | | | |
| | | Person Who Was Paid | | XXXX- | | | necking avings | | |
| | | Number Street | | | | | oney market | | |
| | | | | | | | okerage her | | |
| | | City State | Zip Code | | | | | | |
| | | you now have, or did you her valuables? No Yes. Fill in the details. | ave within 1 year b | - | led for bankrupto | | eposit box or other dep | | Do you still |
| | | | | | | | | | have it? |
| | | Name of Financial Institutio | n | Name | | | | | ☐ No☐ Yes |
| | | Number Street | | | Street | | | | _ |
| | | City State | Zip Code | City | State | Zip Code | | | |
| 22. | Hav | e you stored property in a | | ce other tha | n vour home wit | hin 1 year he | fore you filed for bankr | untev? | |
| | | No Yes. Fill in the details. | storage unit or pla | ce other tha | ii your nome wit | illii i yeai be | fore you filed for banki | uptcy: | |
| | | | | Who else | had access to it | ? | Describe the conte | nts | Do you still have it? |
| | | Name of Storage Facility | | Name | | | | | □ No |
| | | Number Street | | Number | Street | | | | Yes |
| | | | | City | State | Zip Code | | | |
| | | City State | Zip Code | | | | | | |

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| btor | | Last Name | |
|----------|--|--|-------------------|
| | First Name Middle Name | | |
| rt 9: | Identify Property You Hold or Conti | rol for Someone Else | |
| . Do | o you hold or control any property that some | one else owns? Include any property you borrowed from, are storing for, or ho | ld in trust for |
| | omeone. | one close owner. Include any property you believed from, are storing for, or no | ia iii ti ust ioi |
| | A N- | | |
| \vdash | No Sili in the data its | | |
| L | Yes. Fill in the details. | | |
| | | Where is the property? Describe the contents | Value |
| | Owner's Name | Number Street | |
| | Owner's Name | Number Street | - |
| | Number Street | | |
| | | | |
| | | City State Zip Code | |
| | City State Zip Code | | |
| | City State Zip Code | | |
| t 10 | Give Details About Environmental | Information | |
| . +h - | purpose of Port 10, the following definitions | | |
| ию | e purpose of Part 10, the following definitions apply | ·. | |
| | · · · · · · · · · · · · · · · · · · · | ocal statute or regulation concerning pollution, contamination, releases of | |
| | including statutes or regulations controlling the cle | al into the air, land, soil, surface water, groundwater, or other medium, | |
| | | | |
| | | fined under any environmental law, whether you now own, operate, or utilize it | |
| | or used to own, operate, or utilize it, including dis | posai sites. | |
| | | | |
| | | ental law defines as a hazardous waste, hazardous substance, | |
| | Hazardous material means anything an environme toxic substance, hazardous material, pollutant, co | | |
| | | ontaminant, or similar term. | |
| | toxic substance, hazardous material, pollutant, co | ontaminant, or similar term. | |
| port | toxic substance, hazardous material, pollutant, co | ontaminant, or similar term. | iw? |
| port | toxic substance, hazardous material, pollutant, co | ontaminant, or similar term. ow about, regardless of when they occurred. | ıw? |
| port | toxic substance, hazardous material, pollutant, co t all notices, releases, and proceedings that you know as any governmental unit notified you that you | ontaminant, or similar term. ow about, regardless of when they occurred. | w? |
| port | toxic substance, hazardous material, pollutant, co t all notices, releases, and proceedings that you know as any governmental unit notified you that you No | ontaminant, or similar term. ow about, regardless of when they occurred. u may be liable or potentially liable under or in violation of an environmental la | |
| oort | toxic substance, hazardous material, pollutant, co t all notices, releases, and proceedings that you know as any governmental unit notified you that you No | ontaminant, or similar term. ow about, regardless of when they occurred. u may be liable or potentially liable under or in violation of an environmental la | |
| oort | toxic substance, hazardous material, pollutant, co t all notices, releases, and proceedings that you know as any governmental unit notified you that you No | ontaminant, or similar term. ow about, regardless of when they occurred. u may be liable or potentially liable under or in violation of an environmental la | t Date of |
| oort | toxic substance, hazardous material, pollutant, co t all notices, releases, and proceedings that you know as any governmental unit notified you that you No | ontaminant, or similar term. ow about, regardless of when they occurred. u may be liable or potentially liable under or in violation of an environmental la | t Date of |
| oort | toxic substance, hazardous material, pollutant, co t all notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have as any governmental unit notified you that you have as any governmental unit notified you that you have as any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same and you have a same a same and you have a same a same and you have a same a s | contaminant, or similar term. cow about, regardless of when they occurred. | t Date of |
| oort | toxic substance, hazardous material, pollutant, co t all notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have a hazardous fill have been supported by the control of the control | ontaminant, or similar term. ow about, regardless of when they occurred. u may be liable or potentially liable under or in violation of an environmental la Governmental unit Environmental law, if you know in | t Date of |
| oort | toxic substance, hazardous material, pollutant, co t all notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have as any governmental unit notified you that you have as any governmental unit notified you that you have as any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same and you have a same a same and you have a same a same and you have a same a s | contaminant, or similar term. cow about, regardless of when they occurred. u may be liable or potentially liable under or in violation of an environmental law. Governmental unit Governmental unit Number Street | t Date of |
| oort | toxic substance, hazardous material, pollutant, co t all notices, releases, and proceedings that you know as any governmental unit notified you that you No Yes. Fill in the details. Name of site Number Street | contaminant, or similar term. cow about, regardless of when they occurred. | t Date of |
| port | toxic substance, hazardous material, pollutant, co t all notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have as any governmental unit notified you that you have as any governmental unit notified you that you have as any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same any governmental unit notified you that you have a same and you have a same a same and you have a same a same and you have a same a s | contaminant, or similar term. cow about, regardless of when they occurred. u may be liable or potentially liable under or in violation of an environmental law. Governmental unit Governmental unit Number Street | t Date of |
| Ha 🔽 | toxic substance, hazardous material, pollutant, co t all notices, releases, and proceedings that you know as any governmental unit notified you that you No Yes. Fill in the details. Name of site Number Street City State Zip Code | contaminant, or similar term. cow about, regardless of when they occurred. u may be liable or potentially liable under or in violation of an environmental law. Governmental unit Governmental unit Number Street City State Zip Code | t Date of |
| Ha 🗸 | toxic substance, hazardous material, pollutant, co t all notices, releases, and proceedings that you know as any governmental unit notified you that you No Yes. Fill in the details. Name of site Number Street | contaminant, or similar term. cow about, regardless of when they occurred. u may be liable or potentially liable under or in violation of an environmental law. Governmental unit Governmental unit Number Street City State Zip Code | t Date of |
| Ha 🔽 | toxic substance, hazardous material, pollutant, co t all notices, releases, and proceedings that you know as any governmental unit notified you that you No Yes. Fill in the details. Name of site Number Street City State Zip Code | contaminant, or similar term. cow about, regardless of when they occurred. u may be liable or potentially liable under or in violation of an environmental law. Governmental unit Governmental unit Number Street City State Zip Code | t Date of |
| Ha 🔽 | toxic substance, hazardous material, pollutant, co t all notices, releases, and proceedings that you know as any governmental unit notified you that you No Yes. Fill in the details. Name of site Number Street City State Zip Code ave you notified any governmental unit of any | contaminant, or similar term. cow about, regardless of when they occurred. u may be liable or potentially liable under or in violation of an environmental law. Governmental unit Governmental unit Number Street City State Zip Code | t Date of |
| Ha 🗸 | toxic substance, hazardous material, pollutant, co t all notices, releases, and proceedings that you know as any governmental unit notified you that you No Yes. Fill in the details. Name of site Number Street City State Zip Code ave you notified any governmental unit of any No | contaminant, or similar term. cow about, regardless of when they occurred. u may be liable or potentially liable under or in violation of an environmental law. Governmental unit Governmental unit Number Street City State Zip Code | t Date of notice |
| Haa | toxic substance, hazardous material, pollutant, co t all notices, releases, and proceedings that you know as any governmental unit notified you that you No Yes. Fill in the details. Name of site Number Street City State Zip Code ave you notified any governmental unit of any No | contaminant, or similar term. cow about, regardless of when they occurred. u may be liable or potentially liable under or in violation of an environmental law. Governmental unit Governmental unit Number Street City State Zip Code v release of hazardous material? | t Date of notice |
| Haa | toxic substance, hazardous material, pollutant, control tall notices, releases, and proceedings that you know as any governmental unit notified you that you have yes. Fill in the details. Name of site Number Street City State Zip Code ave you notified any governmental unit of any yes. Fill in the details. | contaminant, or similar term. Sow about, regardless of when they occurred. Let may be liable or potentially liable under or in violation of an environmental law. Governmental unit Governmental unit Number Street City State Zip Code Trelease of hazardous material? Environmental law, if you know in the content of | t Date of notice |
| Haa | toxic substance, hazardous material, pollutant, co t all notices, releases, and proceedings that you know as any governmental unit notified you that you No Yes. Fill in the details. Name of site Number Street City State Zip Code ave you notified any governmental unit of any No | contaminant, or similar term. cow about, regardless of when they occurred. u may be liable or potentially liable under or in violation of an environmental law. Governmental unit Governmental unit Number Street City State Zip Code v release of hazardous material? | t Date of notice |
| Ha 🗸 | toxic substance, hazardous material, pollutant, control tall notices, releases, and proceedings that you know as any governmental unit notified you that you have yes. Fill in the details. Name of site Number Street City State Zip Code ave you notified any governmental unit of any yes. Fill in the details. | contaminant, or similar term. Sow about, regardless of when they occurred. Let may be liable or potentially liable under or in violation of an environmental law. Governmental unit Governmental unit Number Street City State Zip Code Trelease of hazardous material? Environmental law, if you know in the content of | t Date of notice |
| Ha 🔽 | toxic substance, hazardous material, pollutant, control tall notices, releases, and proceedings that you know as any governmental unit notified you that you have yes. Fill in the details. Name of site Number Street City State Zip Code ave you notified any governmental unit of any yes. Fill in the details. No Yes. Fill in the details. | contaminant, or similar term. Sow about, regardless of when they occurred. Let may be liable or potentially liable under or in violation of an environmental law. Governmental unit Governmental unit Number Street City State Zip Code Verelease of hazardous material? Governmental unit Environmental law, if you know in the potential law in the potential law, if you know in | t Date of notice |
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| Deb | tor 1 | Tina | | R | Booker | Case | e number (if known) | |
|------|----------|-----------------------|----------------|----------------------|----------------------------------|-----------------------|---|-----------------|
| | | First Name | | Middle Name | Last Name | | | |
| 26 | ∐a | o vou boen e ne-t- | in any ivella | sial or administr | ativo proceeding under | any anyiranmant | al law? Include cottlements and and | are |
| 26. | Hav | e you been a party | in any judio | al or administr | ative proceeding under | any environment | al law? Include settlements and orde | ers. |
| | ✓ | No | | | | | | |
| | | Yes. Fill in the deta | ils. | | | | | |
| | | | | | Court or agency | | Nature of the case | Status of the |
| | | | | | | | | case |
| | | Case title | | | | | | |
| | | - | | | 0 (1) | | | Pending |
| | | | | | Court Name | | | On appeal |
| | | Case number | | | Number Street | | | |
| | | Case Hamber | | | | | | Concluded |
| | | | | | City State | Zip Code | | |
| | | | | | , | _p | | |
| Part | 11: | Give Details A | bout Your | Business or | Connections to Ar | ny Business | | |
| | | | | | | | | |
| 27. | Witl | nin 4 years before | you filed for | bankruptcy, dic | l you own a business or | have any of the f | ollowing connections to any busines | ss? |
| | | A colo propriet | or or colf omi | alouad in a trade | profession, or other activit | h, oithar full tima a | er part time | |
| | | | | - | | | n part-time | |
| | | | | ty company (LLC | c) or limited liability partners | snip (LLP) | | |
| | | A partner in a | | | | | | |
| | | | | ging executive of | | | | |
| | | An owner of at | least 5% of t | he voting or equit | ty securities of a corporation | n | | |
| | | No. None of the obe | wa applica C | o to Dort 12 | | | | |
| | ¥ | No. None of the abo | | | Is below for each business | | | |
| | ш | res. Check all that a | арріу ароче а | ina ili in the detai | | | | |
| | | | | | Describe the natu | are of the busines | • • | |
| | | | | | | | include Social Security r | number or ITIN. |
| | | Business Name | | | <u> </u> | | EIN: | |
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| | | Number Street | | | _ | | Dates business existed | |
| | | Number Street | | | Name of account | ant or bookkeepe | er | |
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| | | | | | | | | |
| | | | | | Docariba the nati | uro of the business | Employer Identification | number De net |
| | | | | | Describe the natu | are or the busines | Employer Identification include Social Security r | |
| | | | | | | | | VI VI IIIII |
| | | Business Name | | | - | | EIN: | |
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| | | City | State | Zip Code | | | . 1011110 | |
| | | | | | | | | |
| | | | | | | | | |

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| Debtor 1 | | R | Booker | Case number (if known) |
|-----------|---|----------------------------|----------------------------------|--|
| | First Name | Middle Name | Last Name | |
| | ithin 2 years before you editors, or other parties | | you give a financial statemen | t to anyone about your business? Include all financial institutions, |
| ✓ | No Yes. Fill in the details b | elow. | | |
| | | | Date issued | |
| | | | | |
| | Name | | MM/DD/YYYY | |
| | Number Street | | | |
| | | | | |
| | City | State Zip Code | | |
| Part 12: | Sign Below | | | |
| 1 414 121 | 0.9 20.0 | | | |
| | | | - | ts, and I declare under penalty of perjury that the answers are |
| | | | | ears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | | | | |
| | /s/ Tina | a Booker | | × |
| | Signature | of Debtor 1 | | Signature of Debtor 2 |
| | Date 10/3 | 1/2016 | | Date |
| | | | | |
| Did | you attach additional p | pages to Your Statement of | of Financial Affairs for Individ | uals Filing for Bankruptcy (Official Form 107)? |
| ✓ | No | | | |
| | Yes | | | |
| Did | you pay or agree to pay | y someone who is not an a | attorney to help you fill out ba | ankruptcy forms? |
| V | No | | | |
| Ħ | Yes. Name of person | | | Attach the Bankruptcy Petition Preparer's Notice, |
| | • | | | Dedoration and Signature (Official Form 110) |

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B 203 (12/94)

In

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| ro | Tina R Booker | Case No. | | | | | |
|---------|--|---|---|--|--|--|--|
| re _ | Debtor | Case No. | (If known) | | | | |
| | | Chapter | Chapter 13 | | | | |
| | DISCLOSURE OF COMPENSATIO | N OF ATTORNEY FO | OR DEBTOR | | | | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I that compensation paid to me within one year before the filing services rendered or to be rendered on behalf of the debtor(s is as follows: | certify that I am the attorney for t g of the petition in bankruptcy, or | the abovenamed debtor(s) and agreed to be paid to me, for | | | | |
| | For legal services, I have agreed to accept | | \$4,000.00 | | | | |
| | Prior to the filing of this statement I have received | | \$350.00 | | | | |
| | Balance Due | | \$3,650.00 | | | | |
| 2. | The source of the compensation paid to me was: | | | | | | |
| | Debtor Other (specific | y) | | | | | |
| 3. | The source of the compensation paid to me is: | | | | | | |
| | Debtor Other (specif | y) | | | | | |
| 4. | I have not agreed to share the above-disclosed compens members and associates of my law firm. | ation with any other person unles | ss they are | | | | |
| | I have agreed to share the above-disclosed compensation members or associates of my law firm. A copy of the ag the people sharing in the compensation, is attached. | | | | | | |
| 5. | In return for the above-disclosed fee, I have agreed to rende a. Analysis of the debtor's financial situation, and render bankruptcy; | - | | | | | |
| | b. Preparation and filing of any petition, schedules, state | ments of affairs and plan which r | may be required; | | | | |
| | c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; | | | | | | |
| | d. Representation of the debtor in adversary proceeding | s and other contested bankruptcy | matters; | | | | |
| 6. | By agreement with the debtor(s), the above-disclosed fee do | es not include the following servic | es: | | | | |
| | | | | | | | |
| | CERTIFIC | CATION | | | | | |
| | certify that the foregoing is a complete statement of any agreed debtor(s) in this bankruptcy proceedings. | eement or arrangement for payme | ent to me for representation | | | | |
| | 10/31/2016 | /s/ Megan Holmes | | | | | |
| | Date | Signature of Attorney | | | | | |
| | | Semrad Law Firm | | | | | |
| | | Name of law firm | | | | | |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00 For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case4 and other expenses of \$371.76

- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$61.76 for expenses, leaving a balance due of \$4,021.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: 10/17/2016

Signed:

/s/ Tina Booker

/s/ Megan Holmes

Debtor(s)

Attorney for Debtor(s)

Do not sign if the fee amounts at top of this page are blank.

Local Bankruptcy Form 23c

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| + | \$75 | administrative fee |
|---|-------|--------------------|
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers.
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Booker, Tina R | Case No | | |
|--------|--|------------------------------------|-----------|--|
| | Debtor(s) | | | |
| | | Chapter | Chapter13 | |
| | VERIFICA | TION OF CREDITOR MAT | RIX | |
| | The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of the | | | |
| Date: | 10/31/2016 | /s/ Booker, Tina | ₹ | |
| | | Booker, Tina R Signature of Del | tor | |

Navient 1002 ARTHUR DR LYNN HAVEN , FL 32444

DPT ED/NAVI c/o Jo-Tina Crockett PO Box 9635 Wilkes-Barre , PA 18773

DPT ED/NAVI c/o Jo-Tina Crockett PO Box 9635 Wilkes-Barre , PA 18773

DEPT OF ED/NAVIENT PO Box 9635 Wilkes Barre , PA 18773

DEPT OF ED/NAVIENT PO Box 9635 Wilkes Barre , PA 18773

Navient 1002 ARTHUR DR LYNN HAVEN, FL 32444

Navient 1002 ARTHUR DR LYNN HAVEN , FL 32444

Navient 1002 ARTHUR DR LYNN HAVEN, FL 32444

Navient 1002 ARTHUR DR LYNN HAVEN , FL 32444

DEPT OF ED/NAVIENT PO Box 9635 Wilkes Barre , PA 18773

DEPT OF ED/NAVIENT PO Box 9635 Wilkes Barre , PA 18773 DEPT OF ED/NAVIENT PO Box 9635 Wilkes Barre , PA 18773

DEPT OF ED/NAVIENT PO Box 9635 Wilkes Barre , PA 18773

DEPT OF ED/NAVIENT PO Box 9635 Wilkes Barre , PA 18773

MABT RETAIL PO BOX 4499 BEAVERTON, OR 97076

HLTHCARE CU 326 W 64th St. Chicago , IL 60621

Pittacora Law Group, LLC 223 W. Jackson Blvd., Suite 620 Chicago , IL 60606

City of Chicago Parking 121 N. LaSalle St # 107A Chicago , IL 60602

Nicor Gas PO Box 5407 Carol Stream , IL 60197

Commonwealth Edison 3 Lincoln Ctr Attn: Bankruptcy Department Oakbrook Ter , IL 60181

FORD MOTOR CREDIT PO BOX BOX 542000 OMAHA , NE 68154

TIDEWATER MOTOR CREDIT 6520 INDIAN RIVER RD VIRGINIA BEACH, VA 23464 IRS 1 PO Box 7346 Philadelphia , PA 19101

City of Chicago Parking 121 N. LaSalle St # 107A Chicago , IL 60602

HARRIS & HARRIS LTD 111 W JACKSON BLVD S-400 CHICAGO , IL 60604

Bank of America Po Box 26078 Greensboro , NC 27420

TMobile P.O. Box 742596 Cincinnati , OH 45274 Case 16-34688 Doc 1 Filed 10/31/16 Entered 10/31/16 12:40:12 Desc Main Document Page 69 of 73

| Debtor 1 Tina | R | Booker | Case number (if known) | |
|---|--|--|--|---|
| First Name | Middle Name estions for Reporting Purpo | Last Name | | |
| Part 6: Answer These Qu 16. What kind of debts do you have? | 16a. Are your debts prima "incurred by an individence of the line 16b. Yes. Go to line 17b. 16b. Are your debts prima | rily consumer debts? dual primarily for a pers o. rily business debts? <i>E</i> or investment or throu | sonal, family, or househol Business debts are debts igh the operation of the b | that you incurred to obtain usiness or investment. |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid the | pter 7. Do you estimate th | hat after any exempt prope e to distribute to unsecured | rty is excluded and administrative creditors? |
| 18. How many creditors do you estimate that you owe? | ☑ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | ☐ 1,000-5, ☐ 5,001-10 ☐ 10,001-2 | 0,000 | 25,001-50,000 50,001-100,000 More than 100,000 |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$10,000, \$50,000, | 01-\$10 million ,001-\$50 million ,001-\$100 million 0,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| ^{20.} How much do you estimate your liabilities to be? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$10,000, \$50,000, | 01-\$10 million ,001-\$50 million ,001-\$100 million 0,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| Part 7: Sign Below | | | | |
| For you | I have examined this petition, and I declare under penalty of perjury that the information provided is true an correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fit out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtox 1 | | | |
| | Executed on10/17/2 | 016 'DD / YYYY | Executed on | MM / DD / YYYY |

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| | | Docc | inch rage ro | 01.75 | |
|---------------------------------|--------------------------|------------------------------|---|--|-------------------------------------|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Tina | R | Booker | | |
| Debtor 2 (Spouse, if filing) | First Name First Name | Middle Name Middle Name | Last Name Last Name | | |
| | ankruptcy Court for the | | District of Illinois | | |
| Case number (If known) | | · | (State) | | |
| Official | Form 106De | ⊖C | *************************************** | | Check if this is ar amended filling |
| Declarat | ion About an | Individual Debt | or's Schedules | ; | 12/15 |
| U.S.C. §§ 152, | 1341, 1519, and 3571. | mon with a bank upicy case | o our result in mes up to | \$250,000, or imprisonment for up to | 20 years, or poem 10 |
| | | eone who is NOT an attorn | ev to belo you fill out bank | cruntcy forms? | |
| ☑ No | ay or agree to pay dom | | y to holp you an out build | apter torme. | |
| Yes. N | Name of person | | Attach Bankruptcy F Signature (Official Fo | Petition Preparer's Notice, Declaration, ar orm 119). | าd |
| | | | | | |
| Under ner | alty of periury. I decla | re that I have read the supr | Mary and schedules filed y | with this declaration and | |
| that they | are true and correct. | | | | |
| /s/ Tina E | 7 7 7 | | Signature | of Debtor 2 | |

MM/DD/YYYY

Date 10/17/2016

MM/DD/YYYY

| enoifutitzni leionenîî lle əbuloni 922ənizud | nent to anyone about your | ou give a financial state Date issued **MM/DD/YYYY**************************** | | er parties. e details below. | editors, or oth | |
|--|--|--|---|--|--|-----------|
| | | | | .woled alisteb e | 7 Yes. Fill in th Name Number St | MANUE. |
| | | | | f 99 T | Yes, Fill in th | _ |
| | | | eboO qiZ | | Number St | |
| | | | eboO qi∑ | | Number St | |
| | | - | ebo≎ qi∑ | | Number St | |
| | | - | əbo⊃ qi∑ | | | |
| | | | eboO qiZ | State | City | |
| | | | | | | |
| | | | | ٨ | vola8 ngiS 🖁 | Part 12 |
| r penalty of perjury that the answers are or property by fraud in connection with c.c. §§ 152, 1341, 1519, and 3571. | perty, or obtaining money of 0 20 years, or both. 18 U.S | tement, concealing pro | t making a false stal areaup to \$250,000, o | swers on this St understand tha can result in fi s (s) Tina Booke | ve read the ansantrect. I | anıı |
| 2 | Signature of Debtor | | | gnature of Deb <i>i</i> | S | |
| | Ste | | | 9102\71\01 ets | a | |
| cy (Official Form 107)? | viduals Filing for Bankrupt | Financial Affairs for Indi | Your Statement of | ot eages to | you attach ado | Did |
| | | | | | oM seY | |
| | t bankruptev forms? | orney to help you fill ou | tte ne ton si odw and | namos vaa ot aa | | |
| | | | | | | |
| | | | | | | Paramet . |
| ptcy Petition Preparer's Notice, ignature (Official Fom 119). | | | | uosae | Yes. Name of p | Ш |

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| Debto | r 1 Tina | R | Booker | Case number (if known) |
|--------|---------------------------|---|--------------------------------|--|
| 10 | First Name | Middle Name | Last Name | |
| | | n family income that applies t | - | |
| | 16a. Fill in the state in | • | Illinois | |
| | 16b. Fill in the number | r of people in your household. | 6 | \$400.704.00 |
| | household | family income for your state and ecified in the separate instruction | To find | a list of applicable median income amounts, go online y also be available at the bankruptcy clerk's office. |
| 17. | How do the lines con | npare? | | |
| | | | | orm, check box 1, <i>Disposable income is not determined</i> of <i>Disposable Income</i> (Official Form 122C-2). |
| | U.S.C. § 132 | • | ut Calculation of Disposa | k box 2, <i>Disposable income is determined under 11</i> ble Income (Official Form 122C-2). On line 39 of that |
| Part 3 | Calculate Your | Commitment Period Und | er 11 U.S.C. §1325(b)(| 4) |
| 18. (| Copy your total avera | age monthly income from line | 11. | \$6,856.96 |
| | | | | not filing with you, and you contend that calculating the our spouse's income, copy the amount from line 13. |
| - | 19a. If the marital adjus | stment does not apply, fill in 0 c | on line 19a. | -\$0.00 |
| | 9b. Subtract line 19 | a from line 18. | | \$6,856.96 |
| 20. | Calculate your currer | nt monthly income for the yea | ır. Follow these steps: | <u> </u> |
| 2 | 20a. Copy line 19b. | | | \$6,856.96 |
| | Multiply by 12 (th | e number of months in a year). | | x 12 |
| 2 | 20b. The result is your | current monthly income for the | year for this part of the form | n. \$82,283.52 |
| 2 | 20c. Copy the median | family income for your state and | d size of household from lin | e 16c. \$103,721.00 |
| 21. I | low do the lines com | pare? | | |
| | | an line 20c. Unless otherwise or d is 3 years. Go to Part 4. | dered by the court, on the t | top of page 1 of this form, check box 3, The |
| [| | han or equal to line 20c. Unless nt period is 5 years. Go to Part 4 | | ourt, on the top of page 1 of this form, check box |
| Part 4 | Sign Below | | | |
| | By signing here, I o | declare under penalty of perjury | that the information on this | statement and in any attachments is true and correct. |
| | | $\bigcap A = A$ | | |
| | /s/ Tina Boo | | x si | gnature of Debtor 2 |
| | Date 10/17/2 | 2016 | | ate |
| | MM/DD | | <i>D</i> . | MM/DD/YYYY |
| | • | a, do NOT fill out or file Form 12 o, fill out Form 122C-2 and file it | | of that form, copy your current monthly income from line 14 |

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Booker, Tina R Debtor(s) | Case No | | |
|--------|---------------------------|----------------------|-----------|--|
| | | Chapter. | Chapter13 | |
| | VERIFICA | TION OF CREDITOR MAT | RIX | |

The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 10/17/2016

/s/ Booker, Tina R

Booker, Tina R Signature of Debtor